



**KOROWAI
AROHA**

COMPLAINTS FORM

Patient Details

Full Name			
Date of Birth		Phone	
Email			

Complaint Details (please include as much information as you can)

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Third Party (if completed on behalf of patient)

Full Name		Relationship	
Signature		Date	

Patient to complete

Full Name			
Signature		Date	

Form received by (Korowai Aroha representative)

Employee Name		Date	
Acknowledgement due (five working days)		Outcome due date (15 working days)	