

The Complaints Officer Ilam Medical Practice Ilam Medical Centre 106 Memorial Avenue Christchurch 8053

Negative experiences are better dealt with and resolved

This form is for events or issues that were negative and have impacted badly on you or your whanau

My feedback is about...

Staff/Personnel

Processes

Other		

The date the event occured was...

Please indicate as close to event as you can remember

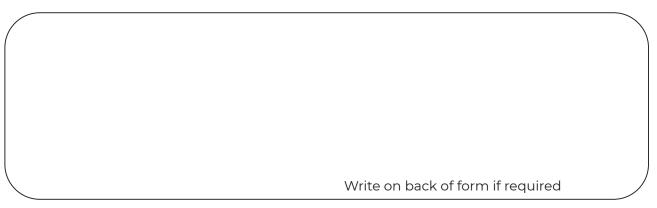
Time

Day

Month

Any staff involved

The details



My contact details

NOTE: We cannot proceed with any compaints without your details

 Full Name

 Email

 Please select your preferred method for contact