

# Therapy & Learning Centre

PHYSIOTHERAPY & OCCUPATIONAL THERAPY SERVICES FOR BABIES, CHILDREN & ADOLESCENTS

## Complaints Form

Name of person making complaint (not required): \_\_\_\_\_

Contact Number (not required): \_\_\_\_\_

Date of Incident (if relevant): \_\_\_\_\_

Summary of problem or reason for complaint:

Is there an outcome you would like as the result of this complaint? Yes / No

If yes to the above question, please explain:

Would you like to be contacted in regards to action taken as a result of the complaint? Yes / No