

CLIENT COMMENT or COMPLAINT FORM



Date Reviewed: February 2023

By: Julianne Jackson

Next Review Date: February 2026

Name Of Person Making Comment or Complaint:	
Address:	
If you are making a comment or a complaint on behalf of another person, please write their name and address in the box to the right	
Phone:	Day: Mobile phone:
Email:	
Support Person Details Contact Number	
Name of Podiatrist or staff member involved:	
Full description of Comment or Complaint including date and time: (please use additional paper if required)	

Please hand this form to reception or to the staff member on duty. Your complaint will be acknowledged within 5 working days of receipt of the complaint.

You can also mail this form to: Silverstream Podiatry Clinic, PO Box 48-156, Silverstream, Upper Hutt 5142 or attached to an email: admin@podstream.co.nz