Date:

Name:

Contact Details (preferred)

Team member complaint witnessed by:

Primary care practitioner:

**What specific event or action prompted you to make this complaint? Please describe in detail,**

**including dates, times, and individuals involved.**

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1. **Was the issue related to clinical care, communication, environment, booking/admin, or something else?**

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1. **Were there any steps you took to resolve the issue informally before submitting this complaint?**

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1. **What outcome or resolution are you seeking as a result of this complaint? Please be specific.**

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1. **Have you experienced a similar issue before with our organisation or elsewhere? If yes, how was it handled and what did you learn from it?**

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1. **Can you identify any contributing factors or miscommunications that may have led to the issue?**

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1. **What actions do you believe the organisation could take to prevent this issue from happening again in the future?**

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1. **Would you be willing to discuss this complaint further in a follow-up conversation or meeting? Why is this important to you?**

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1. **Have you had previous chiropractic care/ holistic therapies elsewhere before?**

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1. **Have you raised this concern informally with a practitioner, receptionist, or management before completing this form?**
	1. Yes
	2. No
	(If yes, what was said or done? Did it help?)
2. **Have you experienced similar issues with our clinic before? If yes, how were they handled?**

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1. **In your opinion, what could the clinic change?**

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1. **Would you be open to discussing this with our Clinical Director or Care Coordinator in a confidential follow-up?**
	1. Yes
	2. No
	(Please explain why or why not.)

**Please return this completed form within 14 days of the incident occurring to Thomas Greenfield (CEO and founder of the Tuning Room).**
This allows us to carry out our duty of care and due diligence in line with our internal standards and policies. Timely submissions help ensure your concerns are addressed promptly and appropriately.