SMDCC
A PRIVATE
DAY ONLY HOSPITAL

# SMDCC - Customer Complaint Form

Date: _____

Description of Issue/Incident:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Staff Member Involved (if applicable): _____

Did you discuss the issue/incident with staff at the time?

☐ YES ☐ NO

*Customer feedback is essential in providing a quality service; if you wish to be contacted directly regarding this complaint please sign the form in the space provided. All complaints are handled confidentially and will be responded to in a timely manner.*

*You do also have the right to complete this form anonymously.*

Signature: _____

Print Name: _____