



DMDI

dental & medical diagnostic imaging

A Centre of Excellence

Complaints Register Form

© DMDI Unit 9 1175 Toorak Road Camberwell 3124 ACN 133 022 303 ABN 11 948 547 054

This form is designed to assist you with lodging any complaint if you have any concerns about the services you receive from Dental & Medical Diagnostic Imaging.

Please complete this form and forward it to the Managing Director Dental & Medical Diagnostic Imaging unit 9 1175 Toorak Road Camberwell Victoria 3124, fax to 03 98891772; or email to reception@dmdi.com.au

It is our policy to respond to your complaint within 7 working days.

Name

Date

Your Address

State	Postcode	

Name of Individual/Situation your complaint is about:

Service Provided and Date:

	Date:
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Please describe the issue:



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Have you mentioned this complaint to any staff at DMDI prior to the completion of this form? Yes ? NO

If Yes, to whom have you spoken?.....Date:.....

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For DMDI review:

Date received:.....

Person delegated to handle this complaint?.....

Date spoken to complainant:.....

Send written reply to complainant:.....date:.....

Date complaint resolved :.....

Resolution of complaint (the outcome)