

Complaints Form

Email to: manager@uruuruwhenuahealth.co.nz
Or return in the supplied envelope to admin.

Head office: 93 Tarbert Street
P O Box 500, Alexandra 9320
New Zealand
0800 485 111
www.ururuwhenuahealth.co.nz



Your details:

Name:

Address:

Telephone:

Email:

Or

I wish to remain anonymous.

Service received:

Date and time:

Details of complaint:

Signed:

Date:

Next Steps

Would you like to be contacted by Management to discuss the complaint and/or any corrective actions taken? Y/N

Office Use:

Complaint received by:

Signed:

Date:

Follow up:

Received by Management: (Date and method)

Added to Complaints register:

Complaint ID number

Actions: