

**Ministry of Health
Complaint Management System**

Client Satisfaction Form

I _____ have met with the members of the Senior Management Team that deals with the Complaint Management System at the _____ Hospital/Health Centre/Health Service on _____, regarding concerns surrounding my treatment or interaction /the treatment or interaction of my relative/friend _____ while at the _____ Hospital/Health Centre.

I am satisfied/dissatisfied with the result of the meeting and acknowledge that my complaint has been resolved/not resolved.

I wish to continue the complaint process/discontinue the complaint process.

Comments: _____

Complainant Name

Signature

Date

Witness Name

Signature

Date