

**DR ANTHONY YIP INC  
CARDIOLOGY PRACTICE INC  
SUITE C28, LIFE FOURWAYS HOSPITAL,  
CNR. CEDAR RD AND CEDAR AVE WEST  
FOURWAYS  
2055  
MP NUMBER:0489603  
PRACTICE NUMBER: 0210000246883**

## **TEMPLATE COMPLEMENTS & COMPLAINTS (“C&C”) POLICY & FORM**

### **PURPOSE OF THIS POLICY**

This policy is intended to provide a mechanism for patients and others with whom the practice interact to communicate positive, and negative, matters to the Practice. This policy makes sure that we do what we do well, even better, and to address any concerns or complaints in an efficient and consistent manner, with the aim of solving matters in an amicably, prior to approaching other complaints bodies.

### **PART OF THE TERMS AND CONDITIONS OF THE PRACTICE**

This policy forms part of the terms and conditions of this Practice. By visiting this Practice and agreeing to the Practice’s terms and conditions, all patients agree to follow this Policy



### **THE COMPLEMENT PROCESS**

1. If we have done something well, or something unexpected, please feel free to provide such feedback to us immediately.
2. You are also welcome to complete the C&C Form to give us your feedback, and you are welcome to include your suggestions as to how we can enhance your service to you.
3. You do not have to provide your name or details, but we would love to know who you are!



### **THE COMPLAINTS PROCESS**

It is advisable to raise a concern or a complaint as and when the specific issue arises. However, this may not always be possible. In general, the Practice will deal with complaints as follows:

#### *STEP 1: VERBAL COMPLAINT*

1. If possible, the complainant raises their concern verbally as and when the matter occurs, and to the specific person (e.g. the receptionist, the doctor, etc.). If raised while in hospital to, for example, a nurse or the hospital liaison officer, they will bring the complaint to the Practice’s attention.
2. The person at whom the complaint is directed will attempt to address the complaint there and then, if possible.
3. A short note will be kept by the practice of complaint, This helps the practice improve on matters of concern. This note is NOT kept in the patient’s file, and a complaint has no impact on the care provided, or to be provided, to a patient.

#### *STEP 2: COMPLAINT FORM COMPLETION*

4. If the matter is unresolved, the complainant will be requested to record the complaint in writing. Please provide as much detail, including supporting documentation, so as to assist in the understanding and desired resolution of the complaint.
5. The complaint form can be handed in at the Practice, or can be emailed to this dedicated email address ([dryipreception@gmail.com](mailto:dryipreception@gmail.com)) or can be submitted through our website, the address being (<https://dryipcadiology.com/>).
6. The complaint will be considered by the doctor if it is of a healthcare nature, and he will also address complaints relating to general service, - accounts or those of a non-healthcare nature.

7. The doctor or practice staff may contact the complainant to clarify certain details, to set up an appointment and/or to obtain more information.
8. If the complaint is anonymous (which the Practice does not recommend), addressing matters raised would be done in the best judgement of the doctor and without involving the complainant.

#### *STEP 3: RESOLUTION*

9. The resolution phase may entail a meeting with the complainant during which the complainant could explain his/her point of view and the Practice could do the same. It could also serve to give feedback to the complainant as to how the practice proposes to- or have resolve(d) the matter, and/or how it will deal with similar matters in future.
10. The complainant will, if s/he needs to, receive time to consider the information provided and/or the proposed solution before the complaint is brought to conclusion.
11. The resolution will be recorded and kept separate from the patient's file. No complaint, irrespective of what the outcome, will affect the care to be received by the patient or his/her family or friends, at the Practice.

#### *STEP 4: UNRESOLVED COMPLAINTS: MEDIATION*

12. If a matter remains unresolved, the complainant and the Practice will agree on a process of mediation. For this, the Practice uses Elsabe Klinck and Associates Pty Ltd.
13. The mediator will be contacted by the Practice, and the mediator will then explain the process to both the Practice and the complainant.
14. The mediator will assist the complainant and the Practice to find a mutually acceptable way forward to resolve the complaint.
15. If resolution is not possible, an outside entity may be approached by the complainant.

#### *REFERRAL AND TRUST*

16. If, based on the nature of the complaint and/or if the relationship of trust between the Practitioner and the patient has broken down, the Practice may refer the patient to another practice which render similar services.
17. In the case of a referral, only a referral note on the healthcare status of the patient, and nothing else, will be shared with the practitioner to whom the patient is referred.

#### **CONFIDENTIALITY**

All matters pertaining to a complaint will be handled confidentially, and will only be shared if the complainant agrees to such sharing, or if the complainant takes further steps and the Practice has to address the complaint at an outside entity.

#### **IMPORTANT CONTACT DETAILS**

Practice complaints manager: Alina Motsie on (011) 875 1760.

Practitioner(s): Dr Anthony Yip on (011) 875 1760

Dedicated complaint email address: website address <https://dryipcardiology.com/>

For complaints on medical scheme reimbursement, please contact: [complaints@medicalschemes.com](mailto:complaints@medicalschemes.com)

Complaints and Complements (C&C) form: see next page

**COMPLAINT & COMPLEMENT FORM DR ANTHONY YIP**

**Date of complaint / complement:** \_\_\_\_\_

**Date on which positive or negative incident happened:** \_\_\_\_\_

**Your name & surname:** \_\_\_\_\_

*(you may want to remain anonymous, in which case we will not be able to provide you with feedback)*

**Preferred contact details person completing the form:**

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Landline tel nr: \_\_\_\_\_

**Please describe what you found good, or what concerns you (your complaint) fully, with dates, times, persons involved and any other relevant information (if available, please attach supporting information). Please use separate pages if space below is not enough.**

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**Please describe what you would want the Practice / Practitioner to do, or what we can do better or differently:**

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\_\_\_\_\_  
**Your signature** *(not required if you wish to remain anonymous)*