

**MBChB (UFS) MMed Psych (Stell) FC Psych (SA)**

**Pr Nr: 021 3349**

Medi Village, Unit 12, Cnr Joubert & Grey Avenue, Vereeniging 1939

Mediclinic Emfuleni, Third floor, 6 Jan van Riebeeck Boulevard, Vanderbijlpark 1911

Tel: 016 004 0166

Fax: 086 577 0833

info@thejoylab.co.za

## COMPLIMENTS & COMPLAINTS (“C&C”) POLICY & FORM

### PURPOSE OF THIS POLICY

This policy provides a mechanism for patients and others to communicate positive- and negative matters to the Practice. This policy forms part of the terms and conditions of this Practice.

### ☺ THE COMPLIMENT PROCESS

1. If we have done something well or something unexpected, please feel free to provide such feedback to us.
2. You are also welcome to complete the C&C Form to give us your feedback, and include your suggestions.
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 arise. However, this may not always be possible. In general, the Practice will deal with complaints as follows:

#### STEP 1: VERBAL COMPLAINT

1. The complainant raises the concern verbally as and when the matter occurs. If raised while in hospital, the hospital 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 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, please complete the C&C form, giving as much detail as possible.
5. The complaint form can be handed in at the Practice or can be emailed to [info@thejoylab.co.za](mailto:info@thejoylab.co.za).
6. The doctor and practice manager will look at the complaint, deciding whether it is a healthcare or administrative complaint.
7. We may contact you 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 practice manager 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 receive time to consider the information provided and/or the proposed.
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 & PEER REVIEW

12. If a matter remains unresolved, the complainant and the Practice will agree on a process of mediation. For this, the Practice uses *PsychMg/ Healthman/ Elsabe Klinck & Associates* or *MPS*.
13. If resolution is not possible, an outside entity may be approached by the complainant.

#### REFERRAL AND TRUST

14. If the relationship of trust between the Practitioner and the patient has broken down, the Practice may refer the patient to another practice. Only a referral note on the healthcare status of the patient will be shared.

### CONFIDENTIALITY

All matters pertaining to a complaint will be handled confidentially. It 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.

# DR MELANÉ VAN ZYL

**PSYCHIATRIST**

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## COMPLAINT & COMPLIMENT FORM

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

**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** *(not needed if you remain anonymous):*

Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

Landline number (work / home): \_\_\_\_\_

**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)*

### IMPORTANT CONTACT DETAILS

Practice manager: Soula Pantoleon, 016 004 0166, [info@thejoylab.co.za](mailto:info@thejoylab.co.za)

Practitioner(s): Dr M van Zyl

Practice complaint email address: [info@thejoylab.co.za](mailto:info@thejoylab.co.za)

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