



# Complaint Form

File number:

## 1. Consumer - Person who received the health service

|  |  |  |                      |
|--|--|--|----------------------|
| Title  | First Name   | Surname                                      | DOB                  |
| <input type="text"/>                             | <input type="text"/>                                     | <input type="text"/>                         | <input type="text"/> |
| Address  |  | Suburb                                       | Post Code            |
| <input type="text"/>                             |  | <input type="text"/>                         | <input type="text"/> |
| Telephone (business hours)                       | Mobile   | Email Address                                |                      |
| <input type="text"/>                             | <input type="text"/>                                     | <input type="text"/>                         |                      |
| Do you have a disability or other special needs? |  |  |                      |
| <input type="checkbox"/> Yes                     | <input type="checkbox"/> No                              | If yes, please specify: <input type="text"/> |                      |
| What is your preferred language?                 | Do you require an interpreter?                           | Preferred contact method:                    |                      |
| <input type="text"/>                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/>                         |                      |

## 2. Complainant information

There are situations where health service consumers are not able to put in a complaint themselves. The most common of these is where the consumer is disabled or deceased.

**Are you making this complaint on behalf of another person?**

Yes  No

If **No**, please continue to Section 3. If **Yes**, please identify yourself below:

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Title                | First Name           | Surname              | DOB                  |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address              |                      | Suburb               | Post Code            |
| <input type="text"/> |                      | <input type="text"/> | <input type="text"/> |
| Telephone            | Mobile               | Email Address        |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |

What is your relationship with the consumer and why are you representing them?

**If the consumer is capable of giving consent, please make sure Part 10 of this form is filled out.**

### 3. Details of health service provider within Tasmania

Specify the doctor, dentist, hospital or other health service provider below.

Note: In the case against hospitals, you can specify both the hospital and a named person (e.g. doctor, nurse)

Name of provider(s)

Address

Suburb

Post Code

Telephone (business hours)

Email (if known)

### 4. Time Limit

Date when the health service was provided:

Unless there is good reason for a delay, the Commissioner cannot accept a complaint where you became aware of the circumstances more than two years ago. If you have been aware of the circumstances of this complaint for more than two years, please tell us why there was a delay in lodging this complaint:

  
  

### 5. Attempts to resolve your complaint

Have you already tried to resolve your complaint directly with the provider?

Yes  No

The *Health Complaints Act 1995* requires that, unless there are good reasons, you must take reasonable steps to resolve your complaint with the health service provider. Please tell us what happened when you tried to resolve this matter? What are your reasons for not trying to resolve it ?

  
  

Have you lodged, or do you intend to lodge, a complaint about this matter with any other body?

Yes  No

If yes, please give details:



## 8. How did you hear about the Health Complaints Commissioner's office?

|  |   |                      |
|--|---|----------------------|
| <input type="checkbox"/> Television    | <input type="checkbox"/> Radio                      |                      |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Newspaper (please specify) | <input type="text"/> |
| <input type="checkbox"/> Brochure      | <input type="checkbox"/> Other (please specify)     | <input type="text"/> |

## 9. Signature

Signature of person making complaint:

Date:

## 10. Authorities

To be signed by consumers and complainants.

### Consent to be represented

If you are making the complaint on behalf of another person who is able to give consent, they need to fill in the following authority.

I  (consumer) consent to  (complainant) lodging this complaint with the Health Complaints Commissioner. I have seen the privacy statement regarding the collection of my personal and medical information.

Signature of consumer:

Date:

### Authority to forward complaint and access medical information

All consumers, or their lawful representatives, need to sign the following authority.

I  authorise the Health Complaints Commissioner to send a copy of this complaint to the health service provider(s) against whom it is made and to access information including medical records, clinical notes and any other information however held within the control or possession of any person or organisation that has provided health services to me which are relevant to this complaint.

I also authorise those persons and/or organisations to release to the Health Complaints Commissioner any or all information that the Commissioner may request about health services provided to me.

Signature of consumer or (or lawful representative):

Date:

## 11. Privacy Statement

If you make a complaint under the *Health Complaints Act 1995*, the Health Complaints Commissioner will collect your personal information (or the information about the person on whose behalf you are complaining). Personal information will be used in the management of the complaint, and is usually disclosed to the health service provider and if relevant to a registration board. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and, on request, may be accessed by the individual to whom it relates. If there are reasons why this should not be done, please set them out below:

|              |
|--------------|
| <br><br><br> |
|--------------|

For assistance in completing this form, please phone this office on 1800 001 170.

Send your complaint form to: Office of the Ombudsman and Health Complaints Commissioner, GPO Box 960, HOBART, Tasmania 7001

Email your complaint form to [health.complaints@ombudsman.tas.gov.au](mailto:health.complaints@ombudsman.tas.gov.au),

The Office of the Ombudsman and Health Complaints Commissioner is located on the Level 6, 86 Collins Street Hobart.

## INFORMATION ABOUT COMPLAINT HANDLING

- We recommend that before contacting this Office you raise your concerns with the provider and try to resolve the complaint between yourselves - it is often the easiest and quickest way. The first step is to discuss the matter with them.
- If this is not successful, or you do not feel able to deal with the complaint yourself, you may like to contact us. We can help you work out the best way to approach the complaint.
- If possible the person who received the health service (the consumer) should make the complaint. However, the Commissioner will consider accepting the complaint from another person where the consumer is unable to make the complaint.
- Your complaint to the Commissioner needs to be in writing.
- When we receive a written complaint we may contact you to:
  - ask for more information
  - let you know how we may be able to help
  - talk through our complaint process.
- A formal acknowledgement letter will be sent to you.
- A copy of the complaint is sent to the provider requesting a response.
- If the complaint is against a provider who is registered with a professional registration board, a copy of the complaint will be provided to the board.
- When the provider's response is received, a copy is usually sent to you requesting your view on the response. Where a registration board is involved, it will also be sent to the board.
- The Commissioner then makes an assessment decision about what should happen next. This will depend on the circumstances of the complaint and what outcomes the consumer is seeking.