Health Complaints Commissioner Tasmania

GPO Box 960, Hobart Tas 7001

Phone: 1800 001 170
Email: health.complaints@healthcomplaints.tas.gov.au
Web: www.healthcomplaints.tas.gov.au

Complaint Form

1. Details of person making the complaint

Title: _____ First Name: _____ Surname: _____

DOB: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone (business hours): _____ Mobile: _____

Email address: _____

Do you have a disability or other special needs? ☐ Yes ☐ No

What is your preferred language? _____

Do you require an interpreter? ☐ Yes ☐ No

Are you of Aboriginal or Torres Strait Islander origin?

☐ Yes, Aboriginal ☐ No

☐ Yes, Torres Strait Islander ☐ I'd prefer not say

Are you making this complaint on behalf of another person? ☐ Yes ☐ No

If **No**, please continue to Section 2. If **Yes**, please complete the section below:

Title: _____ First Name: _____ Surname: _____

DOB: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone (business hours): _____ Mobile: _____

Email address: _____

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

_____

2. 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: _____ Postcode: _____

Telephone (business hours): _____

Email address (if known): _____

Type of health service provider: ☐ Organisation ☐ Individual

Type of provider, i.e. doctor, nurse, dentist, hospital: _____

3. Time limit

Date when the service was provided: _____

Unless there is a 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:

4. Attempts to resolve your complaint

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.

Have you already tried to resolve your complaint directly with the provider? ☐ Yes ☐ No

If yes, please tell us what happened when you tried to resolve this matter?
If no, 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:

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5. Complaint

Please briefly describe your complaint below and attach a full description with copies of any supporting documentation such as letters, accounts or reports that are relevant to your complaint. Please include information about:

- What the issue is
- What happened
- Who was involved

Be as specific as possible.

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6. What do you hope to achieve by making a complaint?

Disclaimer: Knowing the outcomes you are seeking assists us in understanding your concerns, but it is important to note that this Office cannot guarantee any particular outcome. It is possible that some of the outcomes you are seeking are not achievable under the *Health Complaints Act 1995.*

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7. Authorities

To be signed by consumers and complainants.

7. a) 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: _____

7. b) 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 the Health Complaints Commissioner any or all information that the Commissioner may request about health services provided to me.

Signature of consumer (or lawful representative): _____ Date: _____

7. c) Consent to refer

Do you consent to us referring your complaint and information to the health service provider or another entity if we consider appropriate to do so? ☐ Yes ☐ No

7. 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:

I acknowledge the Health Complaints Commissioner will access my personal information for the purpose of handling this complaint.

Signature of person making complaint: _____ Date: _____

9. How Did you hear about the Health Complaints Commissioner?

☐ Television ☐ Word of mouth ☐ Radio ☐ Other (please specify)

☐ Internet/Website ☐ Brochure ☐ Newspaper

Information about Complaint Handling

Information about our complaint handling can be found on our website at **www.healthcomplaints.tas.gov.au**

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

Send your complaint form to **the Health Complaints Commissioner, GPO Box 960, Hobart, Tasmania 7001**

Email your complaint form to **health.complaints@healthcomplaints.tas.gov.au**

The Health Complaints Commissioner is located on Level 6, 86 Collins Street Hobart.