English
[DOH-8590]

Complaint Form

HEALTH CARE COMPLAINTS COMMISSION

If you are thinking about making a complaint it may be useful to contact the Commission's Inquiry Service on **(02) 9219 7444** or toll free in NSW on **1800 043 159** to discuss your complaint or seek assistance before lodging it with the Commission. If you need an interpreter, please contact the Translating and Interpreting Service on **131 450** and ask to be put through to the Commission on **(02) 9219 7444** or toll free in NSW on **1800 043 159**.

I wish to lodge a complaint with the Health Care Complaints Commission:

My details are:

Mr/Mrs/Ms (other)..... First Name:..... Last Name:.....

Address: .....

State:..... Postcode:..... Telephone No: (bh) .....(ah).....

E-mail address:.....

Date of Birth:...../...../.....

My preferred language (if other than English) is: .....

The best way to contact me is:.....

I have spoken with an Inquiry Officer before lodging this complaint. **Yes** **No**

I am lodging this complaint on behalf of: **Myself** (go to page 2 of the form)

Another person (please complete the details below)

Details of the person who received the service are:

Mr/Mrs/Ms (other): ..... First Name: ..... Last Name:.....

Address: .....

State:..... Postcode:..... Telephone No: (bh) .....(ah).....

Date of Birth:...../...../.....

Is the person deceased? **Yes** (if yes go to the next page) **No**

Is that person aware you making this complaint? **Yes** **No**

My relationship with the person is (e.g sister, parent, carer): .....

The person's preferred language (if other than English) is: .....

The Health Service Provider details are:

I want to complain about:

Provider One:

Health Service Provider Name: .....

Address: .....

..... Post Code: ..... Telephone: .....

Type of health service provider (eg doctor, nurse, dentist, hospital etc): .....

Speciality (if applicable): .....

Provider Two:

Health Service Provider Name: .....

Address: .....

..... Post Code: ..... Telephone: .....

Type of health service provider (eg doctor, nurse, dentist, hospital etc): .....

Speciality (if applicable): .....

If there are more health service providers you want to complain about please attach their details on a separate piece of paper to the back of this form.

My complaint is:

Use the space below to provide a short summary of your complaint. It is useful to include what happened, when it happened, who was involved and attach any relevant documents you have to the back of this form.

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What are the main issues you are concerned about?

What do you want as a result of your complaint?

Have you approached the health service provider about this complaint? **Yes** **No**

If yes, what was the outcome?

Have you complained to another organisation about the same matter? **Yes** **No**

If yes, please give details

The Commission will send a copy of this complaint to the health service providers you have identified in your complaint asking them to provide a response to the Commission.

I agree that a copy of my complaint can be released for this purpose? **Yes** **No**

If no, please let the Commission know why.

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It would assist the Commission to have the consent of the person who received the service so that the Commission could request a copy of their medical records if required during the assessment process. If you are complaining on behalf of another person please ask them to provide this consent if possible.

I , _____, give the Commission consent to access my personal health records for the purpose of assessing this complaint.

Signature _____ Date ____/____/_____

Before you send this form to the Commission please check that you have:

- Completed the complaint form
- Given details of the health service provider you are complaining about
- Clearly identified your concerns
- Attached copies of any other documents or information. Please do not send the original documents.

Once you have done the above please send the information to:

The Commissioner
Health Care Complaints Commission
Locked Mail Bag 18
STRAWBERRY HILLS NSW 2012

If you need to contact us for any reason our contact details are:

Telephone: (02) 9219 7444 Toll Free in NSW: 1800 043 159
Facsimile: (02) 9281 4585
TTY(Deaf): (02) 9219 7555
E-mail: hccc@hccc.nsw.gov.au
Website: www.hccc.nsw.gov.au

It is an offence for a person to provide false or misleading information to the Commission

Privacy Statement

The Commission will not disclose any information provided by you other than in carrying out its functions under the Health Care Complaints Act.