

Complaint Form

The Health Care Complaints Commission

The Health Care Complaints Commission is an independent body dealing with complaints about health services provided in NSW. The Commission deals with complaints about health services affecting the clinical management or care of a patient, the professional conduct of a health practitioner, and risks to the health or safety of the public.

Making a complaint

Any person can make a complaint. Complaints to the Commission must be in writing. It is important to include all relevant information and you may attach additional documents to this form.

You can complain about any health service provider in NSW. Examples include:

- registered practitioners, such as doctors, nurses and dentists
- other health practitioners, such as massage therapists, naturopaths and psychotherapists
- health service organisations, such as public and private hospitals or medical centres.

Please note: When you make a complaint, the Commission will release your name and the nature of your complaint to the health service provider you complain about. If you have any concerns about this, please contact the Commission before lodging your complaint.

Help with making your complaint

If you have difficulties writing your complaint, you can request help from the Commission's Inquiry Service on **(02) 9219 7444** or toll free on **1800 043 159**.

The Commission uses interpreting services to assist people whose first language is not English. If you need an interpreter please contact the Translating and Interpreting Service on **131 450** and ask to be connected to the Health Care Complaints Commission.

The complaint process

When your complaint is lodged, you will receive an acknowledgment letter with further information on how the Commission will assess your complaint and the name of your case officer. Every complaint is assessed on a case-by-case basis and you will be informed of the outcome in writing.

Please note that the Commission does not have the power to direct a health service provider to:

- pay damages or compensation
- provide you with a refund or to alter their fees
- provide you with treatment
- alter a medico-legal document if you are unhappy with the content
- take specific action to resolve a complaint.

Section 1 My details are	
Mr/Mrs/Miss/Ms/Other_____ (Please circle)	Family Name
First Name	
Date of birth / /	Country of birth
Address	
Suburb/Town	State Postcode
Daytime Phone Number	Mobile Phone
Email Address	
My preferred contact method is	
My preferred language to communicate with the Commission is	
I require assistance to communicate with the Commission Yes / No (If yes, please explain)	
I have spoken with an Inquiry Officer before lodging this complaint Yes / No	
I am an Aboriginal person Yes / No	I am Torres Strait Islander Yes / No
I have a disability / special needs Yes / No (If yes, please specify)	
Section 2 The person who received the service was	
<input type="checkbox"/> Myself (please go to section 3)	
<input type="checkbox"/> Another person (complete this section below with their details)	
Your relationship to them (for example parent, friend, spouse)	
Is this person aware you are making a complaint Yes / No (If yes, have them complete section 6)	
Mr/Mrs/Miss/Ms/Other_____ (Please circle)	Family Name
First Name	
Date of birth / /	Country of birth
Address	
Suburb/Town	State Postcode
Daytime Phone Number	Mobile Phone
Email Address	
Is this person deceased Yes / No Date of death / / (If yes, please go to section 3)	
Does this person require assistance to communicate with the Commission Yes / No (If yes, please specify)	
Is this person an Aboriginal person Yes / No Is this person Torres Strait Islander Yes / No	
Does this person have a disability / special needs Yes / No (If yes, please specify)	
Section 3 I want to complain about <i>If more than two, please attach their details on a separate page</i>	
Health service provider 1: (include as much detail as possible)	
Name of organisation or individual provider	
Type of health service provider (for example doctor, nurse, dentist, hospital)	
Address	
Suburb/Town	State
Phone Number	
Health service provider 2: (include as much detail as possible)	
Name of organisation or individual provider	
Type of health service provider (for example doctor, nurse, dentist, hospital)	
Address	
Suburb/Town	State
Phone Number	
Page 2	Updated December 2013

Section 4**My complaint**

Provide a short summary of your complaint. It is useful to include what happened, when it happened and who was involved. If you need more space, please attach a separate page to the back of this complaint form. Please also attach any relevant documents you have.

The main issues I am concerned about are:

As a result of my complaint I want:

I have approached the health service provider about my complaint Yes / No

(If yes, give details below)

I have approached another organisation about my complaint Yes / No

(If yes, give details below)

Section 5**Authority**

The Commission is required to give the health service provider/s that you complain about, your name and the nature of your complaint. This means that the Commission will usually release a copy of this complaint form to the health service provider/s.

If you believe that this would place yourself or a client of the health service provider at risk, please explain below.

Section 6**Accessing health information**

It will assist the Commission to have the consent of the person who received the service/treatment so that the Commission can collect the information required to assess your complaint. Please select one of the following options that applies to you.

I am complaining about the service/treatment provided to me and I authorise the Commission to access my personal health information for the purpose of handling this complaint.

Signed _____

I am the next-of-kin / guardian of the person who received the service/treatment provided and I authorise the Commission to access this person's personal health information for the purpose of handling this complaint.

Signed _____

If you are making this complaint about someone else, have *them* sign and complete the below.

I understand that (complainant name) _____ is making a complaint about the service/treatment provided to me and I authorise the Commission to access my personal health information for the purpose of handling this complaint.

and / or

I authorise the Commission to speak to the complainant about the service/treatment I received.

Name _____ Signed _____

Before you send this form, please check that you have:

- included as much relevant information as possible
- given details of the health service provider you are complaining about
- clearly identified your concerns
- answered sections 5: Authority and 6: Accessing health information
- attached copies of supporting documents or information. Please do not send original documents.

Please send the complaint and supporting information to

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

or send a fax to **(02) 9281 4585** or email to hccc@hccc.nsw.gov.au

Please note 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*. Please refer to the privacy statement on our website.

How did you hear about the Commission?

- Internet
- Health service provider
- Family/friend
- Attended presentation
- Brochure/poster
- Phone book
- I have previously complained to the Commission
- Other (please specify) _____