

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.

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.

Section 1	Before Lodging a complaint
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If you're not satisfied with a service provided within NSW by a health service provider, or you're concerned with the health, conduct or performance of a registered or unregistered health practitioner, then it is your right to make a complaint.

Before making a complaint, try talking with your health service provider—this is often the quickest and easiest way to address your concerns or fix a problem. For advice on talking with your provider, visit www.hccc.nsw.gov.au

If you have already made a complaint to the provider, please give them time to respond before making this complaint to the Health Care Complaints Commission. If they have responded and you are not satisfied please attach the response in the appropriate section in the form.

If you're not satisfied with the response, or feel uncomfortable talking with the provider directly, lodge a complaint with us using the form below.

Please provide as much information as you can, so that we can help you.

Need help to fill in the form? Call our Inquiry Service on **(02)9219 7444** or toll free on **1800 043 159**, 9am to 5pm, Monday to Friday.

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

- Pay damages or compensation
- Provide a refund or alter fees
- Provide health care treatment
- Alter a medico-legal document if you are unhappy with the content

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

Is this complaint about a health care service provided within NSW? Yes/ No

Is this complaint about a health service you or another person received? Self/ Another person (please skip section 3 if Self)
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Are you making this complaint on behalf of an organisation? Yes / No (If yes, please specify)
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In order to assess your complaint the Commission needs to provide a copy of the complaint to the provider so that they can respond, unless there are exceptional circumstances.

Do you consent to the Commission sharing this information with the provider/s? Yes/ No

If No, please provide the reason you have not given consent.
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Please note, if you do not provide your consent the Commission may not be able to proceed with the assessment of your complaint. If you wish to discuss this please call our Inquiry Service on (02) 92197444 or toll free on 1800 043 159
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Section 2		My details are <i>(complainant)</i>	
Title Mr/Mrs/Miss/Ms/Other_____ (Please circle)		First Name	
Last Name		Middle Name	
Gender		Date of birth	
Country of birth			
Unit/house number		Street Name	
City/ Suburb/Town		State	
My preferred contact method is			
Daytime Phone		Mobile Phone	
Preferred time			
Email Address			
How did you hear about us?			
Do you identify as Aboriginal or Torres Strait Islander descent? Yes / No <i>(If yes, please specify)</i>			
If you need an interpreter, please specify your language			
Do you have a disability or other needs that the Commission should be aware of? Yes / No <i>(If yes, please specify)</i>			
Have you contacted the Commission before about this complaint or any other matter? Yes / No			
If yes, please provide the case number (if known)			
Section 3		Patient Details <i>(the person who received the service, if different from complainant)</i>	
What is the person's relationship to you? <i>(for example parent, friend, spouse)</i>			
Has this person asked you to make this complaint?		Yes / No <i>(If yes, have them complete section 6)</i>	
Title Mr/Mrs/Miss/Ms/Other_____ (Please circle)		First Name	
Last Name		Middle Name	
Gender		Date of birth	
Country of birth			
Unit/house number		Street Name	
City/ Suburb/Town		State	
Daytime Phone		Mobile Phone	
Email Address			
Is the person a child (under 16)? Yes / No			
Does the person identify as Aboriginal or Torres Strait Islander descent? Yes / No <i>(If yes, please specify)</i>			
Is this person deceased		Yes / No Date of death <i>(If yes, please go to section 4)</i>	
Does this person need an interpreter? Yes / No <i>(If yes, please specify)</i>			

Section 4	I want to complain about <i>(If more than two providers, please attach their details on a separate page)</i>	
Please complete this section about the person or organisation that has delivered the health service. Provide as much detail as you can to assist us in identifying the correct providers.		
Health service provider 1: <i>(include as much detail as possible)</i>		
Is health service provider an Organisation or Individual ?		
Name of the provider		
If Individual:		
Is this person a student? Yes / No		
AHPRA registration number (if known)		
Title Mr/Mrs/Miss/Ms/Other_____ (Please circle)	First Name	
Last Name	Middle Name	
Gender		
If Organisation/ Individual:		
Type of health service provider <i>(for example doctor, nurse, dentist, hospital)</i>		
Street Number	Street Name	
City/ Suburb/Town	State	
Business Phone	Mobile	
Email		
How have you tried to resolve this complaint?		
Have you tried to resolve this complaint with the health service provider? Yes / No		
If Yes, provide details of action you took and any outcome		
Health service provider 2: <i>(include as much detail as possible)</i>		
Is health service provider an Organisation or Individual ?		
Name of the provider		
If Individual:		
Is this person a student? Yes / No		
AHPRA registration number (if known)		
Title Mr/Mrs/Miss/Ms/Other_____ (Please circle)	First Name	
Last Name	Middle Name	
Gender		
If Organisation/ Individual:		
Type of health service provider <i>(for example doctor, nurse, dentist, hospital)</i>		
Street Number	Street Name	
City/ Suburb/Town	State	
Business Phone	Mobile	
Email		
How have you tried to resolve this complaint?		
Have you tried to resolve this complaint with the health service provider? Yes / No		
If Yes, provide details of action you took and any outcome		

Section 5	My Complaint <i>(please attach additional details on a separate page if the given space is not enough)</i>
What are the issues you are complaining about?	
Please provide a summary of your complaint. It is useful to include what happened, when it happened, who was involved and any person who witnessed or has knowledge about what occurred. Please also attach any relevant documents you have. If you require guidance to complete this section, the Commission can provide advice by telephone on 9219 7444.	
What would you like to happen as a result of your complaint?	
I have approached another organisation about my complaint Yes/ No <i>(If yes, please specify)</i>	
Attach supporting information (such as letters, reports, photos, invoices) you would like us to consider with your complaint	

Section 6**Consent to access healthcare information**

The Commission may need to access the patient's personal health information to assess your complaint.

☐ **I am the person who received the service/treatment about which the complaint has been made. I authorise the Commission** to access my personal health information for the purpose of handling this complaint.

Signed _____

☐ **I am the next-of-kin / parent/ guardian of the person who received the service/treatment about which the complaint has been made.** I authorise the Commission to access this person's personal health information for the purpose of handling this complaint.

Signed _____

☐ **I hold a third party relationship to the person who received the service/treatment about which the complaint has been made.**

I acknowledge that if I do not provide a consent form signed by the person who received the treatment, then the Commission may not be able to provide me with any further information regarding the assessment or outcome of this complaint

Name _____

Signed _____

☐ **I am not acquainted to the person who received the service/treatment about which the complaint has been made.**

I acknowledge that if I do not provide a consent form signed by the person who received the treatment, then the Commission may not be able to provide me with any further information regarding the assessment or outcome of this complaint

Signed _____

Please provide a signed copy of the consent form via email: hccc@hccc.nsw.gov.au or postal address: Health Care Complaints Commission, LMB 18, STRAWBERRY HILLS, NSW 2012 within 10 days of the submission of your complaint.

If you are making this complaint on behalf of 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 1: Before Lodging a complaint and 6: Consent to access healthcare 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

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.