



Office of the Health Services Commissioner Complaint Form

30/570 Bourke Street, Melbourne, Victoria. 3000
 Complaints: 8601 5200 Toll Free: 1800 136 066 Fax: 8601 5219
 Website: <http://www.health.vic.gov.au/hsc/>

CONTACT OFFICER:
Office Use Only

REF. /

About You The Complainant

Name: (Mr / Mrs / Ms/ Miss)

Address: _____
 _____ Postcode:

Telephone number:

Home: ()

Business: ()

Date of Birth:

Country of Birth:

Do you identify as an Aboriginal or Torres Strait Islander? *please circle*

Yes

No

Relationship to patient/service user: (eg. self, son, sister, parent etc)

Do You Or The Patient/Service User Require An Interpreter? *please circle*

Yes

No

If yes, preferred language:

About The Patient/Service User

(Only complete if you are complaining on behalf of someone else)

Name: (Mr / Mrs / Ms/ Miss)

Address: _____
 _____ Postcode:

Telephone number:

Home: ()

Business: ()

Date of Birth:

Country of Birth:

Do you identify as an Aboriginal or Torres Strait Islander? *please circle*

Yes

No

Please Note: The Health Services (Conciliation and Review) Act 1987 allows the Health Services Commissioner to collect information in relation to your complaint. This information is aggregated, de-identified and used for statistical and reporting purposes. Some de-identified case examples are used in the Annual Report and for training purposes.

If you do not want your case examples used in the Annual Report or for training purposes please contact the Registrar on 8601 5222.

For us to be able to assist you we require your complaint confirmed in writing.

The Health Service You Are Complaining About

Name of Health Service **Provider**:

Specialty (eg. Orthodontist, Cardiologist etc.)

Address: _____
_____ Postcode:

Telephone number:

Business: ()

Mobile: ()

What date(s) was the Service Provided?

If it is more than 12 months since the service was provided you need to give reasons why you did not complain earlier. (eg you may have been having ongoing treatment)

Have you contacted the provider to try and discuss your complaint? *please circle*

Yes

No

If yes, what happened?

If you received treatment in a hospital were you a **Public** or **Private** patient? *circle choice*

About Your Complaint

Complaint Summary

Please attach a detailed letter, to this form, setting out in chronological order what happened and include, if relevant, photocopies of any enclosures which may be helpful in assessing your complaint. The letter will be sent to the service provider.

What do you hope to gain from lodging the complaint? What outcome are you seeking? Think about this carefully as we can advise you if there is a reasonable expectation of success and if not, possible other avenues of complaint open to you.

Has this complaint been lodged with another complaints body? please circle (eg. Victorian Ombusman, Office of Fair Trading, etc)

Yes

No

If yes, please give details:

Authorisations

Authority To Complain

Please complete this section if someone other than the patient/service user is lodging the complaint. *(It is HSC policy to deal directly with the health service user whenever possible. Exceptions to this are when the user is a young child, where a guardian is appointed or at the discretion of the HSC.)*

I hereby appoint as my

(print Patient's name)

(print name of Complainant)

representative in lodging a complaint on my behalf.

Signature of Patient/Service User:

Date: / /

Authority To Forward Complaint And Access To Records

To Whom It May Concern

I give permission for the Health Services commission and Staff to forward to the health provider a copy of the complaint, contact the health provider about my medical treatment and if necessary to access my medical records.

Signature:

Date: / /

Updated 10 May 2001