

Current at February 2015

Office use only
Registration number:

Information for complainants

This form is to be used to lodge a complaint about the services, actions or decisions of the Office of the Health Ombudsman. A complaint should only be lodged if you have been unable to resolve your issue or concern informally. Complainants may be contacted and asked to provide additional information to support their complaint.

Personal details						
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	Ms	Miss	Dr	<input type="checkbox"/> Other
Surname						
Given name/s						

Contact details			
Residential address			Postcode
Mailing address (if different to residential address)			Postcode
Email address			
Telephone number			
Mobile phone number			
Preferred contact method	<input type="checkbox"/> Telephone	<input type="checkbox"/> Mobile	<input type="checkbox"/> Letter <input type="checkbox"/> Email

Complaint details	
Have you lodged a complaint about this issue before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, when:
Have you lodged your complaint to any other agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, to whom:

Complaint summary	
When it happened	
Where it happened	
Who was involved	
What happened (details of your complaint):	
What would you like to happen to resolve your complaint:	
Attach any documentation that supports your complaint	

Acknowledgement	
All the information provided above is true and correct to the best of my knowledge.	
Signature	Date

Privacy notice
<p>We will only use the information collected on this form to resolve your complaint and access will only be provided to authorised officers.</p> <p>In the event that your complaint is unresolved and you request an external review your details will be disclosed to the Queensland Ombudsman for the purposes of the review. Your personal information will not be disclosed to any other organisation unless required to do so by law.</p>

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Action officer			
Position		Date	
Complaint lodged	<input type="checkbox"/> Telephone	<input type="checkbox"/> In person	<input type="checkbox"/> In writing
Notes:			