## This form can be used to make a complaint about the decisions or actions of the Office of the Health Ombudsman (OHO) or our staff.

Complaint about the OHO form

The Office of the Health Ombudsman is committed to managing complaints in a way that is accessible, responsive, fair, transparent and in a manner that is compatible with human rights. The OHO is committed to using the information from complaints to inform practice and quality improvements. Responding effectively to complaints about the OHO, is also important to OHO’s role in maintaining public confidence in the health service complaints management system.

The OHO Complaints Management Policy can be found on our website.

**Completing this form**

If you are dissatisfied with the services provided by the OHO you can make a complaint by completing this form. You should send the completed form to [info@oho.qld.gov.au](mailto:info@oho.qld.gov.au) or mail to PO Box 13281 George Street, Brisbane Qld 4003.

Your complaint will be acknowledged within 3 business days and you will be given information about the expected timeframes for progressing your complaint.

If you need help or further information about making a about the OHO you can contact us [online](https://www.oho.qld.gov.au/contact-us) or via phone on 133 646.

**Privacy and Confidentiality**

All information submitted using this form will be handled in accordance with the *Information Privacy Act 2009 (Qld)* and the Queensland Privacy Principles. Refer to our Privacy Page for more information and to view our Privacy Policy and Collection Notice. Your personal information may be forwarded to the business unit relevant to your complaint so your complaint can be addressed.

The OHO will accept anonymous complaints and will consider the issues raised where there is sufficient information provided.

**Other complaint matters**

Complaints about health services should be made to OHO by visiting our [website](https://www.oho.qld.gov.au/make-a-complaint).

If you are dissatisfied with a decision made under the *Health Ombudsman Act 2013* such as a decision made to take no further action following an assessment or investigation, please contact the [Queensland Ombudsman](https://www.oho.qld.gov.au/about-us/what-you-can-do-if-you-are-dissatisfied-with-our-decision).

**Please return this form with any attachments to the Office of the Health Ombudsman to:**

Icon

Description automatically generated info@oho.qld.gov.au

PO Box 13281 George Street Brisbane Qld 4003

**Section 1 – Your details**

|  |  |
| --- | --- |
|  |  |
| FULL NAME: |  |
| Street Address: |  |
| Suburb: |  |
| Postcode: |  |
| daytime telephone number: |  |
| mobile: |  |
| Email address: |  |

Please identify if you are one of the following:

|  |  |
| --- | --- |
|  | Health service provider |
|  | Complainant/consumer |
|  | Complaint/consumer family/friend/representative |
|  | Member of the public |
|  | Other |

**Section 2 – Complaint details**

Have you raised this complaint with us before?

Yes No

Does your complaint relate to an existing matter? If yes, please provide reference number.

Yes – include reference number:No

Have you lodged this complaint with another organisation?

Yes No

If yes, please provide organisations details:

Does your complaint involve a breach of privacy?

YesNo

Does your complaint involve a breach of human rights?

YesNoNot sure

Does your complaint involve a breach of the [Charter of Victims’ Rights](https://www.victimscommissioner.qld.gov.au/Charter-of-Victims-Rights)?

YesNoNot sure

Please provide details of your complaint (include dates, locations, employee names, if you need more space please attach a separate sheet)

What would you like us to do?

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: | [Choose date] |