

Please use this form if you are making a complaint on behalf of another person

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

Before making a complaint, try talking with the health service provider—this is often the quickest and easiest way to address your concerns or fix a problem. You may also wish to put your concerns in writing by sending your health service provider an email or letter. For advice on talking with or writing to your provider, visit www.oho.qld.gov.au.

If you need help filling in this form, call us on 133 OHO (133 646), between 9 am and 5 pm, Monday to Friday.

1a. Details of the person you are complaining on behalf of

Title: _____ Given name(s): _____

Last name: _____

Date of birth: ____ / ____ / ____ Contact telephone: _____

Postal address: _____

Suburb/town: _____ State/territory: _____ Post code: _____

Email: _____

What is your relationship to the person? I am the person's: _____
(e.g. friend, parent, sibling, child, lawyer, etc.)

Did this person ask you to make this complaint? No Yes

Do you have relevant paperwork, e.g. enduring power of attorney? Paperwork attached Not applicable

Is the person deceased? No Yes When did they die? ____ / ____ / ____

1b. Information about them, collected for de-identified, statistical use only

Their gender identity: _____ Their post code: ____

Their country of birth: _____

What is their ethnic/cultural identity? Aboriginal Torres Strait Islander Australian South Sea Islander

Other: _____

How did they hear about us? Health service provider Media/advertising Family/friend Lawyer

Professional body/board Other: _____

2a. Your details

Title: _____ Given name(s): _____

Last name: _____

Date of birth: ___ ___ / ___ ___ / ___ ___ Preferred language: _____

Do you need an interpreter? No Yes: (In which language?) _____

Do you have any specific communication needs? No Yes (Please specify) _____

Preferred method of contact: Email Phone Post Daytime telephone: _____

Postal address: _____

Suburb/town: _____ State/territory: _____ Post code: _____

Email: _____

2b. Information about you, collected for de-identified, statistical use only

Your gender identity: _____ Your post code: ___ ___ ___

Your country of birth: _____

What is your ethnic/cultural identity? Aboriginal Torres Strait Islander Australian South Sea Islander
 Other: _____

How did you hear about us? Health service provider Media/advertising Family/friend Lawyer
 Professional body/board Other: _____

3. Who is your complaint about?

Name, if known: _____ An organisation A person

Type of provider (e.g. dentist, GP clinic, hospital): _____

Location (e.g. street address, ward number): _____

Suburb/town: _____ State/territory: _____ Post code: _____

Email: _____

4. Your complaint

Tell us **what** happened, **who** was involved, **when/where** it happened & your **main concern(s)**.

Attach another page if you need more space and include copies of any supporting documents—reports, photos, invoices, etc.

Date the health service was provided: ___ ___ / ___ ___ / ___ ___ ___ ___

If your complaint relates to multiple dates, please record the latest relevant date.

If the health service was provided more than two years ago, why are you complaining now? _____



Ideally your complaint should be lodged as soon as possible after the issue occurs or you become aware of it. We may not be able to help if more than two years have passed.

5. Have you tried to resolve your complaint?

Have you contacted us before about this complaint? No Yes Case #: _____

Have you already complained to the health service provider or to another entity?

No Yes, to the health service provider Date of complaint: ___ ___ / ___ ___ / ___ ___ ___ ___

Yes, another entity (name): _____ Date of complaint: ___ ___ / ___ ___ / ___ ___ ___ ___

Give them time to respond before you complain to us. If you have received a response to your complaint, please let us know what their response was and attach a copy, if possible.

6. What do you want to happen?

Depending on the details of your complaint, we may be able to facilitate an explanation, apology, policy change, refund, etc.

However, it's important to remember: we don't take sides and we don't lay blame or award compensation.

We have no powers to force an outcome but as an independent agency, we decide when a complaint has been adequately considered. We will keep your complaint on record to help us identify patterns of conduct, complaint trends and systemic issues.

7. Privacy and confidentiality acknowledgement

In managing your complaint, we will collect personal information about you, via this form, and the person you are complaining for, via this form and their relevant health records. We comply with the Information Privacy Principles in the *Information Privacy Act 2009*.

We are required to give your complaint to the person and/or organisation you have named. If there is any information you don't want them to receive, please let us know. If your complaint is about a registered practitioner, we will advise the Australian Health Practitioner Regulation Agency of your complaint.

We will not disclose personal information unless the person consents or the disclosure is allowed, authorised or required by law.

You can apply to access or amend documents held by us under the *Information Privacy Act 2009* and the *Right to Information Act 2009*. Some documents—for example those containing the personal information of other people—may be exempt from access.

Visit our website to read our Privacy Statement and to find out how to access/amend documents at www.oho.qld.gov.au.

Complainant acknowledgement

- I am complaining about a health service provided to _____ and I understand the Office of the Health Ombudsman will need to access their personal health information for the purpose of dealing with my complaint. Access to this information will be in accordance with the *Health Ombudsman Act 2013*. I also understand the Office of the Health Ombudsman may only communicate with me about the person's health information to the degree necessary to inform me about how my complaint was managed, as required by legislation.

Signed: _____ Date: ____ / ____ / ____

Consumer acknowledgement

- I understand that _____ is making a complaint about the health service provided to me and I give my consent for the Office of the Health Ombudsman to speak to them on my behalf in order to manage their complaint.
- I acknowledge that the Office of the Health Ombudsman will access my personal health records for the purpose of handling this complaint.

Signed: _____ Date: ____ / ____ / ____

8. Checklist

- I have clearly identified my concerns and included as much relevant information as I can.
- I have attached copies (not originals) of any relevant documents or other supporting information.
- I have given details of the health service provider I am complaining about.
- I have completed and signed section 7 above, title *Privacy and confidentiality acknowledgement*.
- Yes N/A The person I am complaining for has signed the acknowledgement above.
- I understand it is an offence to knowingly provide false or misleading information to the Office of the Health Ombudsman.

9. Send your complaint to us

 By mail to: **PO Box 13281 George Street, Brisbane Qld 4001**

 By fax to: **07 3319 6350**  By email to: **complaints@oho.qld.gov.au**

If you are sending your complaint by email, please check your junk mail settings to ensure you see any emails we send you.

We will contact you within 7 days of receiving your complaint. For more information about our process visit www.oho.qld.gov.au.