

# Health service complaint form

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 your 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](http://www.oho.qld.gov.au).

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

**Need help to fill in this form?** Call 133 OHO (133 646), between 9 am and 5 pm, Monday to Friday.

## 1. 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: \_\_\_\_\_

## 2. Your details

Title: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Preferred language: \_\_\_\_\_

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

Preferred method of contact:  Email  Phone  Post  Other: \_\_\_\_\_

Postal address: \_\_\_\_\_

Suburb/town: \_\_\_\_\_ State/territory: \_\_\_\_\_ Post code: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_ Mobile telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have any specific communication needs?  No  Yes: (Please specify) \_\_\_\_\_

\_\_\_\_\_



## 4. 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 attach a copy.*

## 5. 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 will try to help you and your health service provider resolve your complaint.

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.

## 6. Information 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: \_\_\_\_\_

## 7. Privacy and confidentiality

In managing your complaint, we will collect personal information about you. 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 you consent 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](http://www.oho.qld.gov.au).

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 the acknowledgement in section 7 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](http://www.oho.qld.gov.au).