[Your name]

[Your address]

[Your email address]

[Your phone number]

[Today’s date]

[Health service provider’s name]

[Job title]

[Business name]

[Business address]

Dear [Health service provider’s name]

**[Subject of your letter]**

* Details of your complaint. For example:
	+ What happened?
	+ Where did it happen?
	+ When was it?
	+ Who was involved?
	+ What impact has this had?
* If you are complaining on behalf of someone, include details of the consumer (e.g. name, brief summary of medical history if relevant).
* If relevant, include copies of documents that support your complaint (e.g. photos, emails, letters, receipts or invoices).

**What outcome I am seeking**

* Detail the outcome you hope to achieve. For example:
	+ access to the service
	+ a refund or waiver of fees
	+ an apology or explanation
	+ access to health records
	+ service improvement to prevent problems from reoccurring
* List any questions you want answered.

Explain when and how you can be contacted. You may also add that if you do not hear back from them about resolving these issues, you will take your complaint to the Health and Disability Services Complaints Office.

Sincerely,

[Your signature]

[Your name]

Enc: [Attachment name]