



Complaint Form

Please complete this form and return to the Health and Disability Services Complaints Office, PO Box B61, Perth, Western Australia, 6838. For help with completing this form call (08) 6551 7600.

1. Details of person who received the health or disability service (the consumer)

Name: Mr/Mrs/Miss/Ms/Other		
Address:		
Postcode:	email:	
Telephone: (work)	(home)	(mobile)
Date of birth: / /	Gender: male <input type="checkbox"/>	female <input type="checkbox"/>
For health service complaints: public patient <input type="checkbox"/> private patient <input type="checkbox"/>		
Please indicate here if you wish to be identified as: an Indigenous person Yes <input type="checkbox"/> No <input type="checkbox"/>		
a Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>		

2. Details of complainant (if complaining on someone else's behalf or under the Carer's Recognition Act)

Name: Mr/Mrs/Miss/Ms/Other		
Address:		
Postcode:	email:	
Telephone: (work)	(home)	(mobile)
Date of birth: / /	Gender: male <input type="checkbox"/>	female <input type="checkbox"/>
HaDSCO requires the consumer's consent if they wish for a third party to raise a complaint on their behalf. The consumer is therefore required to sign the below authorisation statement.		
'I authorise the above mentioned complainant to act on my behalf'		
Consumer signature: _____ Date: / /		
If the consumer is unable to provide permission, please explain why:		

2. Continued

Relationship to the consumer (tick more than one if applicable):	
Carer (definition on back page) <input type="checkbox"/>	Guardian <input type="checkbox"/>
Relative (please specify) <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
If not a relative, the complainant must sign the following declaration: 'I have no financial interest in the outcome of the complaint and I am acting without payment.'	
Complainant signature: _____	Date: / /

3. Details of the health or disability service provider

Name of service provider:	
Address:	
Postcode:	Telephone number:
Provider area of specialty:	Date service was provided: / /

4. Special requirements. For example, requirement for an interpreter etc.

5. Statutory requirements

Unless there is a good reason for the delay, HaDSCO cannot accept a complaint about an incident that happened more than two years ago. If the complaint is older than two years old, please provide details why a complaint was not made earlier.

In the first instance, complaints should be raised directly with the service provider. Has this complaint been raised with the service provider directly? Yes No

If yes please provide details and attach any relevant paper work. If a complaint has not been raised directly with the provider please explain why.

7. Authorisation

HaDSCO is required by law to consult with the Australian Health Practitioner Regulatory Agency (AHPRA) when complaints relate to a registered health professional. This will determine which agency is the most appropriate to deal with the complaint. Referral of the complaint to any other agency/body, other than AHPRA, requires the complainant's consent.

Authorisation to discuss complaint and/or refer. HaDSCO may send a copy of the complaint to the provider for response or refer this complaint, where appropriate, to another organization. In order to determine the appropriate course of action, HaDSCO may need to discuss the complaint with the provider or a relevant organisation.

'I authorise the Director of the Health and Disability Services Complaints Office to discuss my complaint with a relevant organisation and to refer or send a copy of my complaint to the health or disability service provider and/or any other relevant body.'

Signature: _____ Date: / /

Authorisation to access information. HaDSCO may need access to medical information or other records to assess this complaint. If the person who received the service is unable to sign, please provide the signature of the authorised representative (section 2).

'I authorise the Director of the Health and Disability Services Complaints Office to access information relating to this complaint.'

Signature: _____ Date / /

8. Definition of a carer: HaDSCO defines a carer as a person who provides ongoing care or assistance to a person with a disability, chronic illness (including mental illness) or an individual who, because of frailty, requires assistance with everyday tasks. This definition excludes persons paid to provide care services and those working as volunteers.

So this complaint can be processed, please ensure this form has been completed in full and both authorisation statements have been signed. Work cannot begin on the complaint unless all information and authorisation has been supplied to HaDSCO.

For support with completing this form please contact:

HaDSCO contact details

Health and Disability Services Complaints Office (HaDSCO)

PO Box B61, Perth, Western Australia, 6838

Complaints and enquiries line: (08) 6551 7600

Administration: (08) 6551 7620

Facsimile: (08) 6551 7630

Free call: 1800 813 583

email: mail@hadsco.wa.gov.au

web: www.hadsco.wa.gov.au



Government of **Western Australia**

Health and Disability Services Complaints Office (HaDSCO)