



If you are not satisfied with a service provided by a health, disability or mental health service provider, or you are 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 to the Health and Disability Services Complaints Office (HaDSCO), try talking with the service provider, this is often the quickest and easiest way to address your concerns or resolve the problem. For information on talking with the provider, visit www.hadsco.wa.gov.au

If you are not satisfied with the response or feel uncomfortable talking with the service provider directly, complete this form to lodge a complaint with HaDSCO.

1. Details of person who received the health, disability or mental health service (consumer)	
Name: Mr/Mrs/Miss/Ms/Other	
Address:	
Postcode:	email:
Preferred Contact Number:	
Was the service received as a:	<input type="checkbox"/> public patient <input type="checkbox"/> private patient
<i>A public patient is someone who either does not have, chose not to, or was not required to use their health insurance to pay for the service provided.</i> <i>A private patient is someone who used their health insurance to pay for some or all of the service provided.</i>	
Date of Birth (DD/MM/YYYY):	
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify language:	
Do you have an ongoing disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, tell us if you need assistance to access our services:	
2. Details of person making the complaint <i>(if lodging a complaint on behalf of another person/s or under the Carer's Recognition Act 2004)</i>	
Name: Mr/Mrs/Miss/Ms/Other	
Address:	
Postcode:	email:
Preferred Contact Number:	
Date of Birth (DD/MM/YYYY):	
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 person to act on my behalf'	
Consumer signature:	Date: / /
If the consumer is unable to provide permission, please explain why:	

2. Details of person making the complaint, continued

Relationship to the consumer (tick more than one if applicable):

Guardian Relative (including de facto):

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 a person who, because of frailty, requires assistance with everyday tasks. This definition excludes persons contracted to provide care services and those working as volunteers.

Other (please specify):

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, disability or mental health service provider

Name of organisation:

Name of person who provided service:

Is your complaint about the organisation or the person who provided the service?

Organisation Person

Address:

Postcode:

Telephone number:

Type of service provided:

Date service was provided:

Is the person who provided the service a registered practitioner?

Yes No I don't know

4. Statutory requirements

Unless there is a good reason for the delay, HaDSCO cannot accept a complaint about a matter that occurred more than two years ago.

If the issue is older than two years old, please provide details why a complaint was not made earlier:

Complaints should be raised directly with the service provider first before you contact HaDSCO.

Have you raised your concerns directly with the service provider? Yes No

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

4. Statutory requirements, continued

Have you made a complaint about this matter to another organisation? Yes No

If yes please provide details below:

Name of Organisation	
Date complaint made	

What was the organisation's response to your complaint?

5. Complaint details

Please tell us about the complaint here (continue on another sheet of paper if required). Provide relevant dates, times, locations and attach copies of relevant documents.

What do you wish to achieve by making this complaint?

- | | | |
|--|--|--|
| <input type="checkbox"/> Explanation | <input type="checkbox"/> Access to service | <input type="checkbox"/> Refund/waiver of fees |
| <input type="checkbox"/> Apology | <input type="checkbox"/> Adequate service | <input type="checkbox"/> Disciplinary action |
| <input type="checkbox"/> Change in policy or procedure | <input type="checkbox"/> Counselling/other support | |
| <input type="checkbox"/> Conciliation | <input type="checkbox"/> Training/education for service provider | |
| <input type="checkbox"/> Other (please provide details): | | |

6. Authorisation to access information and authorisation to refer

HaDSCO is required by law to consult with the Australian Health Practitioner Regulation Agency (AHPRA) when complaints relate to a registered health professional. Referral of the complaint to any agency/organisation, other than AHPRA, requires the consumer's consent.

In order to assist with your complaint, HaDSCO may need to obtain information or records. A copy of the complaint will be sent to the service provider for a response and may also be sent to any other relevant organisation. Please read and sign the following authorisation statement.

'I, _____, authorise the Director of the Health and Disability Services Complaints Office (HaDSCO) to access information relating to this complaint, discuss this complaint with a relevant organisation and to send a copy of my complaint to the service provider and/or any other relevant organisation.'

Consumer Signature: **Date:** / /

Complainant (Representative) Signature: **Date:** / /

7. Information about complainant collected for de-identified statistical use

Which gender do you identify as? male female X (Indeterminate/Intersex/Unspecified)

In which country were you born? Australia Other:

Are you: Aboriginal Yes No Torres Strait Islander Yes No

How did you find out about HaDSCO?

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Referred by service provider | <input type="checkbox"/> Legal/other adviser | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Care Opinion |
| <input type="checkbox"/> Member of Parliament | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Advocacy Service..... | |
| <input type="checkbox"/> HaDSCO Brochure | <input type="checkbox"/> Regional Visit | <input type="checkbox"/> Community Group | |
| <input type="checkbox"/> HaDSCO website | <input type="checkbox"/> Internet Search | <input type="checkbox"/> Other: | |

Do you give your consent for HaDSCO to use information about the complaint in HaDSCO publications and/or presentations as a case study?

All personal details about you and the service provider are removed. The case study will reference only the issues relevant to the complaint and the outcomes.

Yes No I would like to discuss before giving my consent.

8. Submitting the complaint

Please ensure this form has been completed in full and that the authorisation statement has been signed. The complaint cannot be progressed unless all information and an authorisation have been provided.

Send the completed form and all supporting documentation to:

Post: PO Box B61, Perth, Western Australia, 6838

Email: mail@hadsco.wa.gov.au

In person: Reception Desk, Albert Facey House, 469 Wellington Street, Perth WA 6000

For support with completing this form please contact HaDSCO on:

(08) 6551 7600 or **Freecall: 1800 813 583** (free from landlines in Australia)

For more information about our services, visit our website at www.hadsco.wa.gov.au

