

Complaint form

This form will assist you to:

- make a complaint to the National Health Practitioner Ombudsman, or
- make a privacy complaint to the National Health Practitioner Privacy Commissioner.

You can contact us via telephone, email or post with any questions or to return this form.

Telephone: 1300 795 265 (interpreter services: 131 450)

Email: <complaints@nhpo.gov.au>

Mail: GPO Box 2630, Melbourne, VIC 3001

Before you make a complaint

Have you raised your concerns with Ahpra?

Please make a formal complaint to the Australian Health Practitioner Regulation Agency (Ahpra) before contacting our office. This is often a faster and easier way to resolve some concerns. Contact Ahpra on 1300 419 495 or via [Complaints and feedback – Ahpra website](https://www.ahpra.gov.au/About-AHPRA/Complaints.aspx) <https://www.ahpra.gov.au/About-AHPRA/Complaints.aspx>. If Ahpra does not provide a timely response or if you are not happy with the response, please contact us.

Are you making a complaint in New South Wales or Queensland?

We cannot accept complaints about the Health Care Complaints Commissioner or the Health Professionals Council Authority in NSW, or the Office of the Health Ombudsman in Queensland. You may wish to contact the New South Wales Ombudsman or the Queensland Ombudsman to discuss your concerns about these organisations.

How to complete this form

We have designed this form to be accessible for as many people as possible. Where the form offers a choice between multiple options, indicate your selection with an 'x'.

About you

Please only provide information that you would like us to use when contacting you.

You can contact our office anonymously, or by using a pseudonym. However, this may mean we cannot comprehensively assess your matter, so it is better if you call us so we can discuss these options with you. Alternatively, you can request that some or all information be kept confidential. We will keep information confidential as per your request, unless otherwise required by law.

Do you wish to remain anonymous?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If **Yes**, please go to [‘Your complaint’](#).

If **No**, please continue below.

Do you wish to keep some of your personal information confidential?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Your contact details

This section is for your own contact details. If you would like to nominate another person or organisation to act on your behalf, you will be given an opportunity to enter their contact details later.

Mr	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Professor	<input type="checkbox"/>	Mx	<input type="checkbox"/>	Other	<input type="checkbox"/>
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If Other, please specify	<input type="text"/>
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Full name	<input type="text"/>
Mailing address	<input type="text"/>
Contact number	<input type="text"/>
Email address	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/>

Do you require a translating and interpreting service?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, please specify the language	<input type="text"/>
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Are you a health practitioner?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If **Yes**, please continue below.

If **No**, please go to [‘How would you prefer us to contact you?’](#)

What is your profession?

Aboriginal and Torres Strait Islander Health Practice	
Chinese Medicine	
Chiropractic	
Dental	
Medical	
Medical Radiation	
Midwifery	
Nursing	
Occupational Therapy	
Optometry	
Osteopathy	
Paramedicine	
Pharmacy	
Physiotherapy	
Podiatry	
Psychology	
Nursing and Midwifery	
Other (non-registered profession)	

How would you prefer us to contact you?

Phone		Email		Post		Other	
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If Other, please specify	
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How did you hear about our office?

Internet search	
Media coverage	
Referred by friend/family	
Previously contacted our office	
Referred by Ahpra	
Referred by another health complaints entity	
Referred by MP or Government Department	
Other	

If Other, please specify	
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Are any of the following scenarios applicable to you?

I wish to nominate a person to act on my behalf	
I wish to nominate an organisation to act on my behalf	
I am acting on behalf of an organisation	
I am acting on behalf of another person	

If you selected one of these options, please continue below.

If none of these are applicable to you, please go to [‘Your complaint’](#).

Alternative contact details

If you have indicated that another person or organisation is relevant to this matter, please enter their contact details.

Mr		Miss		Ms		Mrs		Dr		Professor		Mx		Other	
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If Other, please specify	
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Full name	
Mailing address	
Contact number	
Email address	
Date of birth (dd/mm/yyyy)	

What is the nature of the relationship between you?

Please specify	
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Do they require a translating and interpreting service?

Yes		No	
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If yes, please specify the language	
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Your complaint

Why are you contacting us?

To make a complaint to the Ombudsman	
To make a privacy complaint to the Commissioner	
I am unsure whether my complaint should be dealt with by the Ombudsman or the Commissioner	

Which agency or agencies does your complaint involve?

Please indicate which agency you would like to make a complaint about. If you wish to complain about another entity, we may not be able to help you. If the entity you want to complain about is not listed, please contact our office.

Australian Health Practitioner Regulation Agency (Ahpra)	
Ahpra Management Committee	
Australian Health Workforce Advisory Council	
National Board	

If you are complaining about a National Board, specify below.
Otherwise, go to [‘Please describe your complaint.’](#)

Aboriginal and Torres Strait Islander Health Practice Board of Australia	
Chinese Medicine Board of Australia	
Chiropractic Board of Australia	
Dental Board of Australia	
Medical Board of Australia	
Medical Radiation Practice Board of Australia	
Nursing and Midwifery Board of Australia	
Occupational Therapy Board of Australia	
Optometry Board of Australia	
Osteopathy Board of Australia	
Paramedicine Board of Australia	
Pharmacy Board of Australia	
Physiotherapy Board of Australia	
Podiatry Board of Australia	
Psychology Board of Australia	

Please describe your complaint.

You may wish to include answers to the following questions:

- what happened?
- when did it happen? What date did it happen?
- who was involved? Make sure to include names of all individuals involved.
- how and when did you find out about it?
- is there any other information or evidence to support your complaint?

How would you like your complaint to be resolved? For example, 'I would like Ahpra or a National Board to update their processes or improve their communication.'



Please attach a copy of any other relevant information or evidence to support your complaint.

Ahpra's response to your concerns

We request that, as an initial step, you raise your complaint with Ahpra if you can. If you have not done this, please see ['Have you raised your concerns with Ahpra?'](#).

When did you complain to Ahpra?	
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What was the response, if any?

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Please attach a copy of your complaint to Ahpra and any response you have received.

If you have not complained to Ahpra, are there exceptional circumstances that explain why you have not done so? Please outline these reasons.

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Have you raised this complaint with another agency or organisation?

Yes		No	
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If **Yes**, please continue below.

If **No**, go to ['Privacy statement'](#)

Name of agency/organisation	
Date of complaint	



Please attach copies of relevant documents.

Are they currently dealing with your complaint?

Yes		No	
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Privacy statement

Our office collects, holds, uses and discloses personal information when carrying out functions under the Health Practitioner Regulation National Law (as in force in all states and territories of Australia), the *Ombudsman Act 1976* (Cwlth), the *Privacy Act 1988* (Cwlth) and the *Freedom of Information Act 1982* (Cwlth).

Once any personal information comes into our possession, we take reasonable steps to protect that information from unauthorised or inappropriate access, use, modification, disclosure, or other interferences.

Personal information will only be used for the intended purpose. We will usually disclose the information you give to us to Ahpra or the relevant National Board and, if necessary, to others who have information relevant to your matter. We may also collect your personal information from other people or organisations when handling your matter.

More information can be found in our Privacy Policy, available at the [National Health Practitioner Ombudsman website](https://nhpo.gov.au) <https://nhpo.gov.au>.

Declaration, acknowledgement and consent

I declare that all the information I have provided in this complaint form is true and correct.

I acknowledge that I must advise the office of the National Health Practitioner Ombudsman (NHPO) if my circumstances change and update the office with any details that are relevant to my complaint.

I authorise the NHPO to share information about this complaint with Ahpra and/or the relevant National Board, and I confirm my consent for the NHPO to send copies of correspondence to Ahpra and/or the relevant National Board about my complaint.

I confirm that I have read the privacy statement for this complaint form.

Signature	
Full name	
Date	

To receive this document in another format phone 1300 795 265, using the National Relay Service 13 36 77 if required, or [email our complaints team](mailto:complaints@nhpo.gov.au) <complaints@nhpo.gov.au>.

Authorised and published by the National Health Practitioner Ombudsman, 50 Lonsdale St, Melbourne.

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Melbourne VIC 3001

Phone 1300 795 265

[Email National Health Practitioner Ombudsman](mailto:complaints@nhpo.gov.au) <complaints@nhpo.gov.au>

[National Health Practitioner Ombudsman website](https://nhpo.gov.au) <https://nhpo.gov.au>

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