

|  |
| --- |
| 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 the organisation directly?

Please make a formal complaint to the organisation you have been dealing with before contacting our office. This may be the Australian Health Practitioner Regulation Agency (Ahpra) or an accreditation organisation, such as a specialist medical college. This is often a faster and easier way to resolve some concerns. If the organisation 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 New South Wales, 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 |  | No |  |

If **Yes**, please go to [‘Your complaint’’](#_Your_reason_for).

If **No**, please continue below.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

## 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 |  | Miss |  | Ms |  | Mrs |  | Dr |  | Professor |  | Mx |  | Other |  |

|  |  |
| --- | --- |
| If Other, please specify |  |

|  |  |
| --- | --- |
| Full name |  |
| Mailing address |  |
| Contact number |  |
| Email address |  |
| Date of birth (dd/mm/yyyy) |  |

## Do you require a translating and interpreting service?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

|  |  |
| --- | --- |
| If Yes, please specify the language |  |

## Are you a health practitioner?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If **Yes**, please continue below.

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

|  |  |
| --- | --- |
| If Other, please specify |  |

## 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 organisation |  |
| Referred by MP or Government Department |  |
| Other |  |

|  |  |
| --- | --- |
| If Other, please specify |  |

## 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’](#_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 |  |

|  |  |
| --- | --- |
| If Other, please specify |  |

|  |  |
| --- | --- |
| 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 |  |

### Do they require a translating and interpreting service?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

|  |  |
| --- | --- |
| If yes, please specify the language |  |

# 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 how my complaint should be dealt with |  |

## Which organisation does your complaint involve?

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

|  |  |
| --- | --- |
| Australian Health Practitioner Regulation Agency (Ahpra) |  |
| Ahpra’s Board |  |
| National Board |  |
| Accreditation organisation, such as an accreditation committee or council |  |
| Specialist medical college |  |

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

|  |  |
| --- | --- |
| 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 |  |

If you are complaining about an accreditation organisation, specify below.

Otherwise, go to ‘[Please describe your complaint](#_Please_describe_your).’

|  |  |
| --- | --- |
| Council on Chiropractic Education Australasia |  |
| Australian Dental Council |  |
| Australian Medical Council |  |
| Australian Nursing and Midwifery Accreditation Council |  |
| Occupational Therapy Council of Australia Ltd |  |
| Optometry Council of Australia and New Zealand |  |
| Australasian Osteopathic Accreditation Council |  |
| Australian Pharmacy Council |  |
| Australian Physiotherapy Council |  |
| Australian Psychology Accreditation Council |  |
| Aboriginal and Torres Strait Islander Health Practice Accreditation Committee |  |
| Chinese Medicine Accreditation Committee |  |
| Medical Radiation Practice Accreditation Committee |  |
| Nursing and Midwifery Accreditation Committee |  |
| Paramedicine Accreditation Committee |  |
| Podiatry Accreditation Committee |  |

If you are complaining about a specialist medical college, specify below.

Otherwise, go to ‘[Please describe your complaint](#_Please_describe_your).’

|  |  |
| --- | --- |
| Australian and New Zealand College of Anaesthetists |  |
| Australasian College of Dermatologists |  |
| Australasian College for Emergency Medicine |  |
| Australian College of Rural and Remote Medicine |  |
| College of Intensive Care Medicine of Australia and New Zealand |  |
| Australasian College of Sport and Exercise Physicians |  |
| Royal Australian College of General Practitioners |  |
| Royal Australasian College of Medical Administrators |  |
| Royal Australasian College of Physicians |  |
| Royal Australian and New Zealand College of Obstetricians and Gynaecologists |  |
| Royal Australian and New Zealand College of Ophthalmologists |  |
| Royal Australian and New Zealand College of Psychiatrists |  |
| Royal Australian and New Zealand College of Radiologists |  |
| Royal Australasian College of Surgeons |  |
| Royal Australasian College of Dental Surgeons |  |
| Royal College of Pathologists of Australasia |  |

## 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 to improve their communication.’

|  |
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|  |

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

## Organisation’s response to your concerns

We request that you raise your complaint with the organisation you have been dealing with if you can. If you have not done this, please see [‘Have you raised your concerns with the organisation directly?’](#_Have_you_raised).

|  |  |
| --- | --- |
| When did you complain to the organisation? |  |

What was the response, if any?

|  |
| --- |
|  |

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

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

|  |
| --- |
|  |

## Have you raised this complaint with another agency or organisation?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If **Yes**, please continue below.

If **No**, go to [‘Privacy statement’](#_Privacy_statement)

|  |  |
| --- | --- |
| Name of agency/organisation |  |
| Date of complaint |  |

 Please attach copies of relevant documents.

### Are they currently dealing with your complaint?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

# Privacy statement

The office of the National Health Practitioner Ombudsman (NHPO) 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 or health 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 and health information will only be used for the intended purpose. We will usually disclose the information you give to us to the organisation the complaint or application relates to and, if necessary, to others who have information relevant to your matter. We cannot disclose personal and health information for any other reason unless an exemption applies. 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 confirm that I understand that the NHPO collects, uses, stores and discloses personal and health information in accordance with their privacy policy as outlined above. I authorise the NHPO to share personal information contained in this form, such as relevant correspondence, with the organisation it relates to as outlined above.

I declare that all the information I have provided in this form is true and correct. I acknowledge that I must advise the NHPO if my circumstances change and update the office with any details that are relevant to my matter.

|  |  |
| --- | --- |
| 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 <complaints@nhpo.gov.au>.

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

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Email National Health Practitioner Ombudsman <complaints@nhpo.gov.au>

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

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