

Feedback about our service delivery form



Share your feedback with us

As an office that handles complaints, we understand the unique value of hearing feedback about how a matter was handled and responding to any suggestions for improvement.

Please note we have used the term 'feedback' to describe dissatisfaction with how we handled a matter. If you would like a decision made by our office reviewed, you need to make an 'internal review application' instead.

How to complete this form

This form will assist you to share your feedback about our office. This may include feedback about:

- how we handled your complaint, including issues do to with delay or communication
- our staff's conduct or behaviour.

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'.

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 share your feedback

Do you want us to review a decision we made?

If you are not happy with a decision we have made, we recommend raising these concerns directly with the staff member who managed your matter. They may be able to quickly and effectively address your concerns and consider new information related to your matter.

If you do not feel comfortable doing this, or you are not happy with their response, please contact us to make an internal review application. More information and an application form are also available on our [website](http://www.nhpo.gov.au/review-of-our-decisions): <www.nhpo.gov.au/review-of-our-decisions>.

Do you want to make a complaint about another organisation?

This form is to provide feedback about our services. If you would like to make a complaint about the Australian Health Practitioner Regulation Agency (Ahpra), the National Health Practitioner Boards or an accreditation organisation (such as a specialist medical college), please contact us or visit our [website](http://www.nhpo.gov.au/make-a-complaint): <www.nhpo.gov.au/make-a-complaint>.

About you

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

While we accept anonymous feedback, please note that we may be unable to assess and/or investigate feedback where insufficient information is provided about the matter.

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

Do you require a translating and interpreting service?

Yes		No	
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If Yes, please specify the language	
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How would you prefer us to contact you?

Phone		Email		Post		Other	
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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 concerns’](#).

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	
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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 feedback

What is the name of the NHPO staff member/s who handled your matter?

Name of NHPO staff member/s	
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If you have not spoken to the NHPO staff member/s who managed your matter, please let us know why.

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Please describe your feedback

You may wish to include answers to the following questions:

- why are you unhappy with how we handled your matter?
- is your feedback about a specific issue, policy or procedure?
- are you concerned about a process involved in making the decision?

How would you like your feedback to be resolved? For example, 'I would like you to change how you notify someone of their complaint's outcome.'



Please attach a copy of any other relevant information or evidence regarding your feedback.

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 information will only be used for the intended purpose. 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 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 at the National Health Practitioner Ombudsman](mailto:complaints@nhpo.gov.au) <complaints@nhpo.gov.au>.

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[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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