

Section 1

I am a

Your details - Part A

		_	

If relative or friend (please specify)

of the patient / person receiving the service

of the health practitioner

If treating practitioner (please specify)

of the patient / person receiving the service

of the health practitioner

If education provider (please specify)

Organisation Name

Position Title

If Other - please specify

Title

First Name

Middle Name

Last Name

Gender Male Female

Contact details - Part B

E-mail Address

Preferred daytime Mobile number

phone number

Apartment / unit/ house number Street Name

City Postcode State

Part C

I am making this complaint on behalf of:

Myself (please go to Section 2)

Another person (complete this section below with their details)

What is your relationship to them

Is the person deceased? Yes (if Yes, complete Part D)

No (if No, complete Part E)

Part D - If you answered yes to the above question please complete this section

Date of Death		
Their Title	Their gender N	/lale
	F	emale
Their First Name		
Their Last Name		

Part E - If you answered no to the above question please complete this section

Does this person know you are making this complaint?	Yes	No	
Does this person require assistance to communicate with the Council?	Yes	No	
Is the person of Aboriginal or Torres Strait Islander descent?	Yes	No	
Does this person have a disability /special needs?	Yes	No	If yes (please specify)
May we discuss your complaint with this person?	Yes	No	
Are you able to provide the name and contact details for the person	Yes	No	

If you can provide details for the person please do so below:

Their Title	Their gender	Male Female
Their First Name		
Their Last Name		
Preferred daytime phone number		
Mobile number		
Email address		
Apartment / unit / house number		
Street name		
City		
Postcode		
State		
Country		
Section 2		
Practitioner details		

Please include as much information as possible about the practitioner that your complaint or concern is about

Please select the health profession your complaint relates to

Health practitioner's personal details (f known)

Title

First name

Last name

Gender Male

Female

Health practitioner's contact details (if known)

Contact number

Place of Work

Apartment / unit / house number

Street name

City	
Postcode	
State	
Country	
AHPRA Registration number (if known)	
Section 3	
Complaint details	
Is the person you are complaining about	Practitioner
a health practitioner or student	Student
Provide a short summary of your complaint. It is useful to include what happened, when it happened and who was involved	
The main issues I am concerned about are:	
As a result of my complaint, I want:	

Please attach supporting documents relating to your complaint

Have you approached the practitioner about your concerns
Yes
No
Have you made a complaint or raised a concern about the health practitioner to any other organisation?
Yes (If yes please specify below)
No
If you answered yes to the above please provide details
How did you hear about us?
Internet search
HPCA website
Family/friend
Health service provider
I have previously complained
Other
It would assist us to have your consent to access your medical records for the purpose of assessing this complaint.
I authorise the Health Care Complaints Commission to access my personal health records for the purpose of handling this complaint.
Yes
No