



HEALTH
PROFESSIONS
LICENSING
AUTHORITY

ABORIGINAL HEALTH WORKERS BOARD
CHIROPRACTORS & OSTEOPATHS BOARD
DENTAL BOARD
MEDICAL BOARD
NURSING & MIDWIFERY BOARD
OCCUPATIONAL THERAPISTS BOARD
OPTOMETRISTS BOARD
PHARMACY BOARD
PHYSIOTHERAPISTS BOARD
PSYCHOLOGISTS BOARD
RADIOGRAPHERS BOARD

GPO Box 4221 Darwin NT 0801
2nd Floor Harbour View Plaza, Cnr. McMinn & Bennett Street, Darwin NT Australia 0800
Tel: +61 8 8999 4157 Fax: +61 8 8999 4196 Email: complaintshealthprofessions@nt.gov.au

COMPLAINT FORM

Instructions for completing this form:

Checklist:

- I have COMPLETED all sections of this form.
- I have ATTACHED a separate letter detailing the nature of my complaint.
- I have ATTACHED a copy of all documents relating to this complaint eg: invoices, letters, e-mails, reports etc.
- I have MAILED or FAXED this form to:

The Registrar
Health Professions Licensing Authority
GPO Box 4221
Darwin NT 0801

Facsimile: (08) 8999 4196

If you have any questions or require assistance completing this form, please contact the Health Professions Licensing Authority on (08) 8999 4157 or e-mail complaintshealthprofessions@nt.gov.au

SECTION 1 YOUR DETAILS

TITLE: (Dr / Mr / Mrs / Ms / Other)

SURNAME:

GIVEN NAME(S):

POSTAL ADDRESS:

..... POST CODE:

PHONE (Home) (Business / Mobile)

FACSIMILE: E-MAIL:

Are you or were you a client / patient of the Practitioner *Please tick (✓)* YES () NO ()

Are you completing this form on behalf of another person who is/ was a client / patient of the Practitioner
Please tick (✓) YES () NO () If yes please include your name and contact details:

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If not, what is your relationship with the Practitioner you are complaining about (eg: friend / relative of client / colleague etc.)

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SECTION 2 DETAILS OF THE PRACTITIONER WHO IS THE SUBJECT OF THE COMPLAINT

SURNAME:GIVEN NAME(S):

PRACTICE ADDRESS:

.....POST CODE:

SECTION 3 DETAILS OF COMPLAINT

Type of Complaint: *Please tick all relevant items (✓)*

- Confidentiality** eg inappropriate disclosure of personal information
- Records** eg poor record keeping, or denial of access to medical records
- Improper behaviour** eg discourtesy, rudeness, insensitivity, intimidation, discrimination
- Misrepresentation** of qualifications
- Examination** eg inadequate or inappropriate examination or assessment
- Consent** eg lack of information about or informed consent for the service provided
- A written report**
- Financial**, fee related
- Treatment/ service** eg undesired outcome, unanticipated side effects
- Prescribing** eg wrong prescription, incorrect medicine supplied, refusal to supply
- Other (*please specify*)

Have you lodged this complaint anywhere else? *Please tick (✓)* YES () NO ()

If yes, please give details:

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Complaint Summary:

Please attach a separate letter telling us exactly how you believe the Health Professional acted unprofessionally. Please detail the exact circumstances in which the actions occurred and include why you believe that the action(s) was unprofessional. Please provide all the details that you think might help the Board investigate your complaint; for example, the place and date of the incident, the names and contact details of potential witnesses. Also attach any document that is relevant to the complaint.

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What do you hope to achieve from lodging this complaint?

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SECTION 4 AUTHORITIES

If you would like your complaint to be considered by the relevant Board, you must provide consent in writing for the complaint to be disclosed to the health practitioner who is subject to the complaint.

The Board treats all material and communication gathered in the course of an investigation in a confidential manner. The *Health Practitioners Act 2004* ('the Act') which governs the investigation of complaints and the principles of procedural fairness require that the practitioner to be fully informed about the complaint.

The Act also requires the Health & Community Services Complaints Commission to be notified of the complaint in some instances. The relevant Board and the Health & Community Services Commissioner ('the Commissioner') will then determine whether the complaint is required to be handled by the Board or the Commissioner.

Signing the authorities below will indicate that you understand the Board's complaint procedures and consent to the complaint handling procedure.

Authority to disclose complaint

I,(name), of(address) give permission for the complaint made by me, against to be provided to the practitioner. I also understand that the Health and Community Services Complaints Commission will be notified of this complaint.

Signature:

Name (please print):

Date:

Authority to access information and medical records

I,(name), of(address) give permission for the Health Professions Licensing Authority or the relevant Professional Board to contact the professional who is the subject of the complaint made by me and to discuss confidential matters concerning my complaint. I also give permission for my medical records to be released to the Health Professions Licensing Authority, or the relevant Professional Board for the purpose of investigating this complaint. I acknowledge and authorise a photocopy of this authority to be acted upon as if it were an original.

Signature:

Name (please print):

Date:

Office Use Only

Complaint Received:/...../.....

Allocated Complaints Manager:

HCSCC Notified:/...../.....

Comments:

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