

If you're not satisfied with a service provided by a health service provider, or you're concerned with the health, conduct or performance of a registered or unregistered health practitioner, then it is your right to make a complaint.

Before making a complaint, try talking with your health service provider—this is often the quickest and easiest way to address your concerns or fix a problem. For advice on talking with your provider, visit www.oho.qld.gov.au

If you're not satisfied with the response, or feel uncomfortable talking with the provider directly, lodge a complaint with us.

Use this form to make a complaint. Please provide as much information as you can, so we can help you.

Need help to fill in the form? Call 133 OHO (133 646), 9am to 5pm, Monday to Friday.

1. Your details				
Title:	First name:	Last name:		
Middle name:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of birth:		
Postal address:				
Suburb/town:	State:	Post code:		
Daytime telephone:	Mobile:	Email:		
My preferred method of contact is:	Telephone <input type="checkbox"/>	Email <input type="checkbox"/>	Letter <input type="checkbox"/>	Other <input type="checkbox"/> Details:
How did you hear about us?	Healthcare provider <input type="checkbox"/>	Lawyer <input type="checkbox"/>	Media/advertising <input type="checkbox"/>	Family member / friend <input type="checkbox"/>
	Registration board/professional body <input type="checkbox"/>		Other <input type="checkbox"/> Details:	
Do you identify as Aboriginal and/or Torres Strait Islander? No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/>				
Your preferred language:			Your country of birth:	
Do you need an interpreter? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify language:				
Do you have any special needs? No <input type="checkbox"/> Yes <input type="checkbox"/> Please specify:				
Are you making this complaint on behalf of someone else? No <input type="checkbox"/> Skip to 3. Yes <input type="checkbox"/> Go to 2.				

2. Details of the person you are complaining on behalf of				
Title:	First name:	Last name:		
Middle name:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of birth:		
Postal address:				
Suburb/town:	State:	Post code:		
Daytime telephone:	Mobile:	Email:		
What is the person's relationship to you?		Has the person asked you to make this complaint? No <input type="checkbox"/> Yes <input type="checkbox"/>		
Is the person a child? No <input type="checkbox"/> Yes <input type="checkbox"/>		Has the person died? No <input type="checkbox"/> Yes <input type="checkbox"/>		
Does the person identify as Aboriginal and/or Torres Strait Islander? No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/>				

What would you like to happen to resolve your complaint?

acknowledgement apology compensation disciplinary action
explanation policy/process change refund other Details:

i We will try to help you and your health service provider resolve your complaint.

We have no powers to force an outcome but as an independent agency, we decide when a complaint has been adequately considered. Here are some important things to keep in mind:

- **We don't take sides**
- **We don't lay blame or award compensation**

We will keep your complaint on record to help us identify patterns of provider practice, complaint trends, or systemic issues.

6. Consent to access your healthcare information

It will assist the Office of the Health Ombudsman to have the consent of the person who received the service/treatment so that we can collect the information required to assess your complaint. Please select one of the following options that applies to you.

I am complaining about the service/treatment provided to me and I authorise the Office of the Health Ombudsman to access my personal health information for the purpose of handling this complaint.

Signed _____ Date _____

I am the next-of-kin / guardian of the person who received the service/treatment provided and I authorise the Office of the Health Ombudsman to access this person's personal health information for the purpose of handling this complaint.

Signed _____ Date _____

If you are making this complaint about someone else, have them sign and complete the below.

I understand that (complainant name) _____ is making a complaint about the service/treatment provided to me and:

I authorise the Office of the Health Ombudsman to access my personal health information for the purpose of handling this complaint.

and / or

I authorise the Office of the Health Ombudsman to speak to the complainant about the service/treatment I received.

Name _____ Signed _____ Date _____

Before you send this form, please check that you have:

- included as much relevant information as possible
- given details of the health service provider you are complaining about
- clearly identified your concerns
- consented to us accessing your healthcare information
- attached copies of supporting documents or information—please do not send original documents.

Privacy and confidentiality *In managing your complaint, we will collect personal information about you. We comply with the Information Privacy Principles in the Information Privacy Act 2009.*

We are required to provide your complaint to the person and/or organisation you have named. If there is any information you don't want them to receive, please let us know. If your complaint is about a registered practitioner, we will advise the Australian Health Practitioner Regulation Agency of your complaint. We will not disclose your personal information to anyone else unless you consent or the disclosure is allowed, authorised or required by law.

You can apply to access or amend documents held by us under the Information Privacy Act 2009 and the Right to Information Act 2009. Some documents—for example those containing the personal information of other people—may be exempt from access.

 Visit our website to read our Privacy Statement and find out how to access/amend documents - www.oho.qld.gov.au

7. Send us your complaint form

 **mail:** PO Box 13281 George Street, Brisbane Qld 4003  **fax:** (07) 3319 6350  **email:** complaints@oho.qld.gov.au

Once we receive your complaint form, we will contact you within 7 days to let you know how we may be able to help.

 Visit our website for more information about our health service complaint process, www.oho.qld.gov.au

Please note: it is an offence for a person to provide false or misleading information to the Office of the Health Ombudsman.