



Complaint Form

6 Complaint - Continued

Please summarise your main concerns -

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What do you hope to achieve by making a complaint?

1.
2.
3.

Have you lodged a complaint about this matter anywhere else?

YES NO

If yes, please give details

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1 Person who received the health or disability service

Mr/Mrs/Ms (other): _____ Surname: _____ Given Name: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone Number: (home) _____ (work) _____

Date of Birth: ____ / ____ / ____ Male Female

Preferred Language: _____ Public Patient Private Patient Not Applicable

Do you wish to be identified as a person of Aboriginal or Torres Strait Islander descent? YES

2 Provider of the Health or Disability Service

Name of Provider or Organization: _____

Speciality: _____ Date on which the service was provided: ____ / ____ / ____

Address: _____

Suburb: _____ Postcode: _____ Telephone: _____

3 If you are complaining on someone else's behalf please fill in the section below.

Mr/Mrs/Ms (other): _____ Surname: _____ Given Name: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone Number: (home) _____ (work) _____

Preferred Language: _____

What is your relationship to the consumer of the health or disability service?

Relative (If you are a relative please state the relationship eg. parent): _____

Guardian

Other (Please state eg. advocate, carer): _____

If you are not a relative, you must sign the following declaration:

I have no financial interest in the outcome of the complaint and I am acting without payment. Signature: _____

Has the consumer authorised you to act as his/her representative in this matter? YES NO

If the consumer is unable to authorise you, briefly explain why and outline your interest in the matter.

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If you require assistance in completing this form please contact:

Office of Health Review

Level 17, St Martins Tower
 44 St Georges Terrace, Perth Western Australia 6000
 Postal Address: GPO Box B61, Perth WA 6838
 Telephone: (08) 9323 0600 Facsimile: (08) 9221 3675 Country Free Call: 1800 813 583

Hearing and translation assistance available.



