



# Make a Provision of Services Complaint

## A. About the Person Making the Complaint

If you do not understand any part of this form, or if you need assistance to put your complaint in writing, please call us on (02) 6205 2222.

Title (optional): \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel (9am-5pm): \_\_\_\_\_ Tel (mobile): \_\_\_\_\_

In the event that you are not available, do you consent to the Commission leaving a message either with the person who answers the phone, or on a message bank? Yes  No

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I am the person who received the service Yes  No

If you are **not** the person who received the service, I am:

A parent or guardian of a person under 18 years old who received the service; or

A person with legal authority to act on person's behalf (attach documentary evidence); or

A person appointed to make the complaint by the person who received the service; or

A person who wishes to be appointed to make the complaint on behalf of the person who received the service

My relationship to the person who received the service is: \_\_\_\_\_

The person who received the service cannot make the complaint because: \_\_\_\_\_

**My Complaint is about:**

A health service

A service for people with a disability or their carers

A service for children and young people or their carers

A service for older people or their carers


**B. Details of the organisation and/or person the complaint is against**

**Name of Organisation/s:** \_\_\_\_\_

**Name of Professional/s:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Tel (business hours):** \_\_\_\_\_

**Tel (mobile):** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

The events I want to complain about happened on: (date/period of time) \_\_\_\_\_

*The Commission may not be able to deal with a complaint if it is more than two years old*

**C. Details of the person who received the service (if not the person making the complaint)**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Tel (business hours):** \_\_\_\_\_

**Tel (mobile):** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Optional:**

To make a complaint on my behalf, I appoint: : \_\_\_\_\_

Of: (*insert address of the person*) \_\_\_\_\_

I wish to be identified as a person of Aboriginal descent

I wish to be identified as a person of Torres Strait Islander descent

I wish to be identified as a person with a disability


## D. Consent

The person who received the service (or parent or guardian or person with legal authority) must complete this section. **Failure to give consent prevents your complaint from being processed.**

I: *(insert full name)* \_\_\_\_\_

**consent** to the Commission accessing, using and disclosing personal information and any health records relevant to this complaint. I understand that:

- if i have appointed a person to make the complaint on my behalf, the Commission will communicate and correspond with that person;
- the Commission may release to the person or organisation complained about, and other people dealing with this complaint, a copy of my complaint, personal information and health records;
- persons or organisations complained about may share relevant information with their insurers or legal advisers; and
- the Commission may release to a relevant health professions board a copy of my complaint or other personal information.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

If you have any concerns about the release or sharing of information, please specify:

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## F. Complaint Summary

My main concerns are:

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### Objectives

I would like these things to happen to resolve my complaint:

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### Action Already Taken

The person or organisation complained about has been approached?

Yes

No

If yes, what was the outcome?

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A complaint has been made to another organisation

Yes

No

If yes, please give details

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**Any further information**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return complaint form to:

**ACT Human Rights Commission**

**Street Address:** L4, 12 Moore Street, Canberra City  
**Mailing Address:** GPO Box 158, CANBERRA ACT 2601  
**Phone:** (02) 6205 2222  
**Facsimile:** (02) 6207 1034  
**Email:** [human.rights@act.gov.au](mailto:human.rights@act.gov.au)  
**Website:** [www.hrc.act.gov.au](http://www.hrc.act.gov.au)