

HCSCC Complaint Form

Please note: This form is to be used if you wish to lodge your complaint in hard copy. If we require further information, we will contact you. Fields marked with a (*) are compulsory.

PART 1: COMPLAINANT

Name*:

Email*:

Best Phone Number*:

Do you need an interpreter: Yes / No

- *If yes, please let us know which language and dialect you prefer.*

Language:

Dialect:

I am making a complaint for:

- Myself (You **must** complete Attachment A titled *Your permission to obtain and share information form* which is attached at the end of this document.)
- Someone else (You **must** complete Attachment B titled *Health & Community Services Complaints Commissioner Authority Form* which is attached at the end of this document.)

If you are making a complaint for someone else, please answer the following:

- *Has the person who received the service given you permission to make a complaint on their behalf?*

Yes

No (*If no, please provide reasons why*)

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The person who received the service is deceased (Please provide date of death)

HCSCC reference (Office use only): _____

- *Do you have a legal role for the person who received the service? (for example, parent of a child under 18, guardian)*

Yes (If yes, please give details)

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No

- *Please describe your relationship with the person who received the service?*

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- *Please provide your address*

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- *Do you agree that we can talk about this complaint with the person who received the service?*

Yes

No (If No, please give details)

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PART 2: DETAILS OF THE PERSON WHO RECEIVED THE SERVICE

Please note: This section is to be completed if you're making a complaint for yourself or someone else.

Mr Mrs Ms Dr Other (specify:)

First Name:

Last Name:

Date of Birth:

Email:

Address:

Suburb:

Postcode:

Daytime telephone number:

Mobile Number:

Do you identify as (optional):

Aboriginal Torres Strait Islander Both Other (specify:)

Country of birth:

Please tell us if you need help to communicate with us:

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HCSCC reference (Office use only): _____



PART 3: DETAILS OF THE SERVICE THE COMPLAINT IS ABOUT

Name of worker/s involved:

Name of service:

Address of service:

Daytime telephone number:

When did the incident occur:

Details: *(Please attach extra paper if you need to)*

A large rectangular box containing 25 horizontal dotted lines for writing details.

If you have any questions or need help to complete this form please speak with the HCSCC by phone 08 8226 8666 or toll free from a landline in country SA on 1800 232 007 (Mon - Fri 9am - 5pm).

HCSCC reference (Office use only): _____



My main concerns are:

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How I would like my concerns resolved:

- | | |
|--|--|
| <input type="checkbox"/> Information / Explanation | <input type="checkbox"/> Access Service |
| <input type="checkbox"/> Refund / Compensation | <input type="checkbox"/> Apology |
| <input type="checkbox"/> Adequate service | <input type="checkbox"/> Change Policy / Procedure |
| <input type="checkbox"/> Training / education for the worker | <input type="checkbox"/> Other |

Please expand:

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Are there any immediate issues to be addressed so you can still use the service while your complaint is being assessed?

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Have you already tried to resolve your complaint directly with the service provider?

Yes (If Yes, please tell us who you dealt with and what happened and if you have copies of correspondence between you and the service provider, please provide them to the HCSCC)

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HCSCC reference (Office use only): _____



No (If No, please give reasons)

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Have you made your complaint to another person or organisation? (for example – an advocate, a lawyer, MP or other complaints organisation)

Yes (If Yes, who did you complain to)

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No

PART 4: COMPLETION AND LODGEMENT

Thank you for taking the time to complete this form. Remember, if you're making a complaint:

- About yourself – then you **must** complete the form titled *Your permission to obtain and share information form* which is attached at the end of this document.
- About someone else – you **must** complete the form titled *Health & Community Services Complaints Commissioner Authority Form* which is attached at the end of this document.

Please send the completed forms:

- by mail: HCSCC
PO Box 199
Rundle Mall SA 5000
- by email: info@hcsc.sa.gov.au
- by fax: 08 8226 8620

Or make your complaint online by going to the HCSCC website at www.hcsc.sa.gov.au and select 'make a complaint' and once complete send it to HCSCC by clicking the 'submit request' button.

The HCSCC will contact you within ten working days of receiving your form to let you know we have received your complaint.

PART 5: INTERNET USERS ONLY

The HCSCC takes all reasonable precautions to ensure that information you submit online is secure.

The information you provide will be reviewed by HCSCC staff only as it pertains to the management of your complaint.

We use our best endeavours and take reasonable precautions to secure your information, however you should be aware that absolute security of information transmitted via Internet forms cannot be 100 percent guaranteed.

HCSCC reference (Office use only): _____



Attachment A: Your permission to obtain and share information form

This form should be submitted with the *Complaint Form* if you are making a complaint for yourself.

Your permission to obtain and share information form

To resolve your complaint, the Commissioner requires your permission (*Health and Community Services Complaints Act 2004, s75*) to obtain and share certain information, on a confidential basis, with the service provider and sometimes other people, for example an independent expert or a registration board.

Please read and sign the following to give the Commissioner permission to obtain and share information relevant to resolving your complaint.

Details of Consumer

Title: Mr / Mrs / Ms / Miss / Other: _____

Full Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

Phone number: _____

Email: _____

I understand that:

- the Commissioner may release a copy of my complaint, health records or other personal information to the service provider or other people dealing with this complaint, and**
- service providers may share relevant information with their professional indemnity insurers or legal advisers**.

I authorise the Commissioner to obtain information and personal records relevant to my complaint.

Signature: _____

Date: ____ / ____ / ____

**Please provide any limits of your authority: _____

Send the completed form to the HCSCC

Post: PO Box 199, Rundle Mall SA 5000

Email: info@hcscc.sa.gov.au

Fax: 08 8226 8620

HCSCC reference (Office use only): _____



Attachment B: Health & Community Services Complaints Commissioner Authority Form

This form should be submitted with the *Complaint Form* if you are making a complaint for someone else.

HCSCC Authority Form

Has the Consumer (the person who received the service being complained about) given you permission to make a complaint on their behalf?

Yes No The Consumer is deceased (Date of Death: ____ / ____ / ____)

Details of Consumer

Title: Mr / Mrs / Ms / Miss / Other: _____

Full Name: _____

Date of Birth: ____ / ____ / ____

Address of consumer: _____

Phone number: _____

Email: _____

Person representing the Consumer to the HCSCC

Title: Mr / Mrs / Ms / Mrs / Miss / Other: _____

Full Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

Phone(s): _____

Email: _____

Signature: _____

Date: ____ / ____ / ____

Details of any legal authority or relationship to consumer: _____

Signature of Consumer (if applicable)

I authorise the abovementioned person to lodge a complaint on my behalf with the HCSCC. This authority includes permission for the HCSCC to address all correspondence to them and to release any information about the complaint to them. The authority will expire when the complaint has been finalised by the HCSCC or on request from me.

Signature: _____

Date: ____ / ____ / ____

Send the completed form to the HCSCC

Internet: Attach this form to your online complaint

Post: PO Box 199, Rundle Mall SA 5000

Email: info@hcsc.sa.gov.au

Fax: 08 8226 8620