

Health service complaint form

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	t name:			Last name:				
Middle name:				Gender:	Female 🗌	emale Male Date of birth:		Date of birth:	
Postal address:									
Suburb/town: State:					Post code:				
Daytime telephone: Mobile:			Mobile:	Email:					
My preferred method of contact is:		Telephone	Email		Letter]	Other Details:	
How did you hear about us?		Healthcare provider	Lawyer		Media/ advertisi	ng 🗆]	Family member / friend	
		Registration board/p	ration board/professional body Other Details:						
Do you identify as Aboriginal and/or Torres Strait Islander? No Aboriginal Torres Strait Islander Both									
Your preferred lar			Your country of birth:						
Do you need an interpreter? No ☐ Yes ☐ Specify language:									
Do you have any special needs? No ☐ Yes ☐ Please specify:									
Are you making this complaint on behalf of someone else? No □⇒Skip to 3. Yes □⇒ Go to 2.									
2. Datails of the person you are complaining on behalf of									
2. Details of the person you are complaining on behalf of									
Title: First name:					Last name:				
Middle name:			Gender:	er: Female		Date of birth:			
Postal address:									
Suburb/town:			State:	State: Post code:			st code:		
Daytime telephone: Mobile:			Mobile:		Email:				
What is the person's relationship to you?					Has the person asked you to make this complaint? No ☐ Yes ☐				
Is the person a child? No . Yes .				Has th	Has the person died? No Yes				
Does the person identify as Aboriginal and/or Torres Strait Islander? No Aboriginal Torres Strait Islander Both									

3. Who is this complaint about? (Please include as much information as possible).											
Health service provider 1:											
Health service organisation's name:											
Health practitioner's first name:	ŀ	Health practitioner's	last name:								
Type of health service provider (e.g. doctor, nutritionist, hospital):											
Postal address:											
Suburb/town:	State:		Post code:								
Telephone:	Fax:		Email:								
Health service provider 2:											
Health service organisation's name:											
Health practitioner's first name: Health practitioner's last name:											
Type of health service provider (e.g. doctor, nutritionist, hospital):											
Postal address:											
Suburb/town:	State:		Post code:								
Telephone:	Fax:		Email:								
4. How have you tried to receive this	oomploint?										
4. How have you tried to resolve this Have you already complained to the health s		Have you contacte	d us before about this complaint?								
	ervice provider:		d ds before about this complaint:								
No ☐ Yes ☐ ☐ Give the health service provide	er time to respond	No □ Yes □ □ If you h	know your case number,								
before making a complaint to	us (see Time limit).	write it here:									
If you have received a respons attach a copy	se from the provider,										
Date the health service was provided:											
If the health service was more than two year	s ago, when did you becor	ne aware of the prob	olem?								
ii tile fleatiff service was more than two year	s ago, when did you becor	ne aware or the proc	nem:								
Time limit Your written complaint must usually be received by us within two years of the date of the health service. If you are trying to resolve your complaint directly with the provider and the two years is almost up, submit a written complaint to us.											
5. Your complaint											
 Tell us: • What happened • Who was in The main issues you are concerned was in 		e it happened ● Whe	n you become aware of the problem								
		y supporting informa	ation—letters, reports, photos, invoices.								

What would you like to happen to resolve your complaint?										
acknowledgement apology compensation disciplinary action										
explanation										
(j) 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. 										
we will keep your complaint on record to help as identity 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										
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 afax: (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.										