Office of the HEALTH OMBUDSMAN

Listen. Respond. Resolve.

Notification form

This form can be used by a health practitioner, employer or education provider for voluntary or mandatory notification of health practitioners and students.

If you are reporting notifiable conduct about a health practitioner or a student please consider the following information.

Notifiable conduct in relation to a **registered** health practitioner means the practitioner has:

(a) practised the practitioner's profession while intoxicated by alcohol or drugs; or
(b) engaged in sexual misconduct in connection with the practice of the practitioner's profession; or
(c) placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or
(d) placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards

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 ☐ Male ☐	Date of birth:
Postal address:		
Suburb/town:	State:	Post code:
Daytime telephone:	Mobile:	Email:
Preferred method of contact is: Telephone ☐	Email ☐ Letter ☐	Other ☐ ➲ Details:
What is your role in the notification:	a health practitioner ☐ an educator ☐	an employer ☐
If you are a health practitioner, please complete the following:		
Your profession:		Registration number:
If you are a colleague, please indicate your relationship to the health practitioner/student:		
Senior ☐ Peer ☐ Junior ☐ Other ☐ ➲ Details:		

2. Health practitioner/student details (please provide as much information as possible)

Title:	First name:	Last name:
Middle name:	Gender: Female ☐ Male ☐	Date of birth:
Previous names if known by (optional)(example maiden name):		
Daytime telephone:	Mobile:	Email:
Profession/specialty (e.g. nurse, podiatrist):		Registration number:
Position held/department worked in:		
Place of employment (example clinic, health service):		
Site/building:		
Address:		
Suburb/town:	State:	Post code:
Telephone:	Fax:	Email:

3. Is the notifiable conduct about a health practitioner or a student?	
☐ **Health practitioner** I have formed the reasonable belief that the practitioner has behaved in a way that constitutes notifiable conduct as he/she has: ☐ practised the practitioner's profession while intoxicated by alcohol or drugs ☐ engaged in sexual misconduct in connection with the practice of the practitioner's profession ☐ placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment ☐ placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards	☐ **Student** I have formed a reasonable belief that the student this notification is about has an impairment that in the course of the student undertaking clinical training may place the public at substantial risk of harm.

4. How did the conduct come to your attention?	
☐ Directly observed by me	☐ Via another person
☐ Disclosed to me by the person	☐ Record review, audit
☐ Via patient(s)	☐ Other ➲ Details:

5. Have you discussed your concerns directly with the health practitioner/student?	
☐ Yes	☐ No
Details:	

6. Description of what happened and/or your concerns		
On or between which date(s) did the contact take place? _ _ / _ _ / _ _ _ _ to _ _ / _ _ / _ _ _ _		
Where did the events take place? (*Mark all applicable*)		
☐ Hospital - inpatient	☐ Primary care facility	
☐ Hospital - outpatient	☐ Patient's home	
☐ Practitioner's office/consultation rooms	☐ Pharmacy	
☐ Other ➲ Details:		
Place of incident (example clinic, health service name):		
Site/building:		
Address:		
Suburb/town:	State:	Post code:
Telephone:	Fax:	Email:

7. How many patients were affected by the conduct?			
☐ Don't know	☐ 0	☐ 1	☐ 2+ ➲ Details:

8. Were any patients harmed by the conduct? (Mark all applicable)	
☐ Don't know	☐ Minor physical harm
☐ No harm	☐ Significant or major physical harm
☐ Latent or potential harm (e.g. exposed to radiation, risk of infection)	☐ Death
☐ Drug dependency	☐ Other ➲ Details:
☐ Minor psychological or emotional harm	
☐ Significant or major psychological or emotional harm	

9. Please describe what happened

Please describe: • what happened or • what you are concerned about, including the place, date and time the events occurred. Where appropriate, please include details of the type of treatment involved, names and contacts details of any witnesses.

Attach additional pages if you need more space. Attach copies of any supporting information—letters, reports, photos.

10. Authorisation

Before you sign and date this form: Make sure you have answered all of the relevant questions correctly and read the statements below.

An incomplete form may delay processing and you may be asked to provide more information.

- I ask that the Office of the Health Ombudsman consider the issues described in this notification form.
- I am aware that the Office of the Health Ombudsman may send this form and attachments to the health practitioner/student concerned.

Name of notifier:	Signature of notifier:
Date: _ _ / _ _ / _ _ _ _	

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 notification 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 notification is about a registered practitioner/student, 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

11. Send us your notification form

mail: PO Box 13281 George St, 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.