

- encourage and assist you to resolve the complaint directly with the provider where possible and appropriate;
- help people lodge their complaint and help with special needs such as interpreters; and
- provide special support to help indigenous and people from non-English speaking backgrounds to access the Commission.

**PLEASE PHONE FOR ADVICE
OR
MAIL YOUR COMPLETED
COMPLAINT FORM
TO US**

It will help us to deal with your complaint promptly if you clarify your concerns by filling in the form and provide us with records or other information which relate to the situation.

Your Complaint Checklist

Before you complain to the provider **OR** the Commission, please have all this information ready:

- the name, address and phone number of the person who received the service;
- YOUR** name, address and phone number if you are representing the person who used the service;
- the user's formal consent for you to act on their behalf;
- the name and contact details for the provider who gave the service;
- a clear summary of what happened and when;
- a list of your main concerns and realistic objectives;
- any records, reports or other information which you think are important or relevant;

**For more information, assistance
OR
to lodge your complaint please contact
THE HEALTH & COMMUNITY SERVICES
COMPLAINTS COMMISSION**

Toll Free : 1800 806 380

	DARWIN	ALICESPRINGS
Ph:	(08) 8999 1969	(08) 8951 5818
Fax:	(08) 8999 1828	(08) 8951 5828
Location:	Level 12 NT House Cnr. Mitchell and Bennett Streets DARWIN NT 0800	
Postal Address:	GPO Box 1344 DARWIN NT 0801	
	e-mail: hccsc.omb@nt.gov.au	

If you need help from an interpreter to make a complaint, please phone
ITS on 131 450

CHINESE	如果您須要一位翻譯員幫您投訴，請撥 8999 7566 或 1800 676 254 電碼到 NTITS (北領地翻譯服務處)去
GREEK	Αν χρειάζεστε βοήθεια από ένα μεταφραστή για να κάνετε ένα παράπονο, τηλεφωνήστε το NTITS στον αριθμό 8999 7566 ή στο 1800 676 254
VIETNAMESE	Nếu quý vị cần thông dịch viên giúp để khiếu nại, hãy điện thoại đến NTITS số 8999 7566 hay 1800 676 254
INDONESIAN	Kalau anda membutuhkan bantuan enerjemah untuk membuat keluhan, harap menelpon NTITS dengan nomor 8999 7566
TAG LOG	Kung nangangailangan ka ng tulong ng tagapagsalin sa wika upang magreklamo, tumelepono ka sa NTITS sa 8999 7566
THAI	ถ้าท่านต้องการความช่วยเหลือจากสำนักงานการยื่นเรื่องร้องเรียน โปรดโทรศัพท์ ติดต่อ NTITS ที่หมายเลข 8999 7566 หรือ 1800 676 254
TETUM	Se hakarac interprete para halo queixa ruma karic, dere arame ba NTITS sa 8999 7566
PORTUGUESE	Se necessitar de interprete para fazer alguma queixa, telefona para NTITS no numero 8999 7566
SERBIAN	Ako zelite pomoc prevodioca u vezi pritužbe nazovite NTITS na broj 8999 7566
SPANISH	Si usted va hacer un reclamo y necesita un interprete, llame al telefono del NTITS numero 8999 7566

**NORTHERN TERRITORY INTERPRETATION AND TRANSLATOR SERVICE
1800 676 254**

Northern Territory - 24 Hours a day - 7 days a week

**Do you have a complaint about
a health service
or community service?**



**HOW TO MAKE YOUR
COMPLAINT
AND
MAKE A DIFFERENCE**

**A Guide for Patients, Carers &
their Representatives**

The Health and Community Services Complaints Commission is an independent statutory body, co-located within the Office of the Ombudsman for the Northern Territory.

THE HEALTH & COMMUNITY SERVICES COMPLAINTS COMMISSION

The Health & Community Services Complaints Commission has been set up to give members of the community a means of effectively making a complaint about health services and community services in the Northern Territory.

The Commission is independent and has been established to resolve these complaints and suggest ways these services can be improved for all Territorians.

WHAT CAN YOU COMPLAIN ABOUT ?

A complaint may be made about anything to do with health services and community services. Community services include services for the aged and people with a disability.

A complaint may be made about:

- any aspect of treatment, individual rights, communication, behaviour or administration;
- a hospital, nursing home, supported accommodation, community health centre, health clinic, a private clinic or any other place, or person providing a health or community service; and
- the health care and treatment received from all kinds of practitioners. This includes alternative and natural therapies such as acupuncturists, masseurs and naturopaths, as well as doctors, nurses, dentists, chiropractors, psychologists and counsellors. Carers and home care are also included.

PRIVACY: The Health and Community Services Complaints Commission is bound by the privacy provisions of the *Information Act*. A copy of our privacy policy is available on request. When you make an enquiry or complaint to us we record your personal information to enable us to deal with the matter. If you have a query about our privacy policies please contact the Privacy Officer on 8999 1818.

BEFORE CONTACTING THE COMMISSION

First discuss your concerns with the service provider. Often this is a good way of resolving complaints. It can also help people to maintain a good relationship with their service providers.

The Commission is available to help if:

- this approach does not resolve your concerns, or
- you don't think it is appropriate to contact the provider personally.

WHAT TO DO WHEN YOU HAVE A COMPLAINT

Before approaching the provider, think through your concerns and make sure you have everything clear in your mind. It may help to write a list (use the complaint form inside this pamphlet as a guide).

Consider including:

- a concise summary of what happened, names, dates, times etc;
- exactly what it is that has upset you;
- any problems which you feel are a direct result of what happened; and
- what you would like to happen in response to your complaint.

Successful resolution of your complaint is more likely if you are realistic about your desired outcomes. Try to remain calm when you approach the service provider. You may wish to take a relative or close friend to support you.

Ask the provider for a date when you can expect a response and make sure they have your current contact details.

When you receive a response, give yourself time to think about the whole situation carefully before deciding whether you are happy with the result.

If the provider does not respond, or you are not sure if the response is satisfactory, you may complete the form inside this pamphlet and send it to the Commission.

UNSURE OR NEED ADVICE ? DO NOT HESITATE TO CONTACT THE COMMISSION.

WHO CAN COMPLAIN TO THE COMMISSION ?

Complaints can be made in a number of different ways. The following people can make a complaint:

- the person who received the service;
- their nominated or authorised representative;
- an advocacy service or a relative;
- a health or community service provider; or
- a concerned member of the community.

If you are unsure about whether you can complain, please feel free to discuss it with one of the Commission's Officers.

HOW TO LODGE A COMPLAINT WITH THE COMMISSION

A complaint may be made in writing, over the phone or in person. When you contact the Commission, our Enquiry Officer will:

- discuss the problem and let you know if the Commission is the right agency to help;
- explain what happens when a complaint is made;

1 Consumer of the Service - Person who received the health or community service

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

Address: _____

Suburb/Town: _____ Postcode: _____ Telephone: (home) _____ (work) _____

Date of Birth: ____/____/____ Male Female Public Patient Private Patient
Inpatient Outpatient

What is your preferred language? _____ Do you require an interpreter? Yes No

Optional statistical information

Are you a member of ANY of the following groups?:

- Aboriginal Non-English Speaking Background (please state your ethnic background _____)
 Torres Strait Islander A person with a disability (please specify _____)

If you are lodging a complaint on behalf of the consumer, please make sure Sections 2 and 4 are completed.

2 Complainant Information - Person who is making the complaint on behalf of the consumer

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

Address: _____

Suburb/Town: _____ Postcode: _____ Telephone: (home) _____ (work) _____

What is your relationship with the consumer?

- Parent/Guardian A health or community service provider
 Other Relative (please state the relationship) _____ An advocate or professional representative
 Appointed representative of the consumer Other (please state eg. carer) _____

3 Provider of the Service - Person or organisation that gave the health or community service

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

Name of Organisation: _____ Type of Service Provider: _____

Address: _____

Suburb/Town: _____ Postcode: _____ Telephone: _____

4 Authorities

(i) **Consumer's consent:** Are you acting with the knowledge and consent of the consumer of the service?

YES CONSUMER - PLEASE SIGN THE FOLLOWING AUTHORITY:

I _____ (consumer)
consent to _____ (complainant)
lodging my complaint with the HCSCC.

Signature: _____ **Date:** ____/____/____

NO If the consumer has **NOT** agreed or is unable to sign the above authority, briefly explain why and outline your interest in the matter:

(ii) **Release of information:** To assess a complaint adequately, it may be necessary for us to obtain information such as medical records. To do this we require your permission to request information and the provider requires your consent to release it. *I authorise the Commissioner for Health and Community Services Complaints or his/her delegate to access all or any information relating to my complaint, including medical records and any other information within the knowledge or possession of the provider/s named in this complaint form and I HEREBY EXPRESSLY AUTHORISE AND DIRECT such provider/s to release to the Commissioner or his/her delegate such information as may be requested by him/her in relation to my complaint:*

Signature of Consumer / Guardian / Next of Kin

Date: ____/____/____

(iii) **Referral of complaint:** We usually send a copy of the complaint to the provider for a response. We seek your permission to do this and also to refer this complaint, where appropriate, to another body.

I authorise the Commissioner for Health and Community Services Complaints to forward a copy of my complaint to the provider or another person /body if required.

Signature of Consumer / Guardian / Next of Kin

Date: ____/____/____

If you have chosen NOT to sign either of the above authorisations, please outline your reasons: _____

