

 **VICTORIAN ABORIGINAL HEALTH SERVICE – COMPLAINT FORM**

**Use this form to make a complaint.** Please provide as much information as you can, so we can help you.

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| 1. Your details  |
| Title:  | First name:  | Last name:  |
| Middle name:  | Gender: Female Male  | Date of birth:  |
| Postal address:  |
| Suburb/town:  | State:  | Postcode:  |
| Daytime telephone:  | Mobile:  | Email:  |
| My preferred method of contact is:  | Telephone  | Email  | Letter  | Other  Details:  |
| Do you identify as Aboriginal and/or Torres Strait Islander? No Aboriginal Torres Strait Islander Both  |
| Your preferred language:  | Your country of birth:  |
| 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.  |

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| 2. Details of the person you are complaining on behalf of  |
| Title:  | First name:  | Last name:  |
| Middle name:  | Gender: Female Male  | Date of birth:  |
| Postal address:  |
| Suburb/town:  | State:  | Postcode:  |
| Daytime telephone:  | Mobile:  | Email:  |
| What is the person’s relationship to you? Next-of-kin Other  | Has the person asked you to make this complaint? No Yes  |
| Is the person a child? No Yes  |  |
| Does the person identify as Aboriginal and/or Torres Strait Islander? No Aboriginal Torres Strait Islander Both  |

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| 3. Who is this complaint about? (Please include as much information as possible).  |
| First name:  | Surname:  |
| Type of health service provider (e.g. doctor, dietician, health worker):  |
| VAHS Employee: Yes | No: |
| If more than one person involved:  | First Name:  | Surname:  |
| Type of health service provider (e.g doctor, dietician, health worker): |

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| 4. How have you tried to resolve this complaint?  |
| Have you already complained to VAHS? No Yes  Please provide details of person/s you have already spoken to and date  |
| Date the health service was provided:  |

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| 5. Your complaint  |
|  *Tell us:*  *What happened*  *Who was involved*  *When and where it happened*  *When you become aware of the problem*  *The main issues you are concerned with.*  *Attach another page if you need more space. Attach copies of any supporting information—letters, reports, photos, invoices.*  |
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| What would you like to happen to resolve your complaint? E.g acknowledgement / apology /disciplinary action / policy/process change Details:

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| 7. Send us your complaint form  |
|  **Mail:** 186 Nicholson St Fitzroy Vic 3072  **Fax:** (03) 9403 3333  **Email:** complaints@vahs.org.au *We will contact you within 7 days of receiving your complaint form. (Note: emails may appear in junk mail, depending on your settings.)*  |