

Make a complaint for someone else

Before you start

Our team may discuss your complaint and clinical records with the person and/or organisation you are complaining about, including their employer. This may include forwarding them a copy of your complaint and the clinical records to enable them to respond to our questions about your complaint.

Need help? You can get help from an advocate to resolve your complaint directly with the person or organisation you are unhappy with, or they can help you make a complaint to HDC. Call 0800 555 050. *This service is free of charge.*

You can fill in this form in any language and we will have it translated.

If you have documents/photos to support this complaint, please attach them.

Our team treats all complainants with fairness and respect. We acknowledge that you may be feeling distressed or angry, but abuse towards our staff is not acceptable and will not be tolerated. We may issue a warning, report a matter to the Police, or modify or restrict access to our services if our staff are abused.

Privacy information is available on our website at www.hdc.org.nz/privacy-statement/.



Information about you

Tell us a little about yourself.

Please complete all information that contains an asterisk (*).

My personal details

Title* (Mr/Ms/Miss/Mrs/Mx/Dr/Other) _____

First name* _____

Last name* _____

Gender*

- Male
- Female
- Other: Please specify _____
- I don't want to answer
- I don't know

Date of birth* (Day/Month/Year) _____

Age group*

- Under 15 years
- 15 to 17 years
- 18 to 24 years
- 25 to 34 years
- 35 to 49 years
- 50 to 64 years
- 65 to 74 years
- 75 to 84 years
- 85+ years
- I don't want to answer
- I don't know my age

Which ethnic group do you belong to?* (Please select all that apply.)

- NZ European
- Māori
- Samoan
- Cook Island Māori
- Tongan
- Niuean
- Chinese
- Indian
- I don't know
- I don't want to answer
- Other – Please specify (eg, Dutch, Japanese, Tokelauan) _____

Do you identify as having a disability?*

- Yes
- No
- I don't want to answer

Do you have difficulty with any of the following?* (Please select all that apply.)

- Seeing, even if wearing glasses
 - Hearing, even if using a hearing aid
 - Walking or climbing steps
 - Remembering or concentrating
 - Self-care (eg, personal hygiene)
 - Understanding or being understood by others, even when the conversation is in your usual language
 - I don't have difficulty with any of those things
 - I don't want to answer this question
 - Other difficulty – Please specify
-
-

Do you have any accessibility needs?*

For example: “I prefer documents in large print”;
“Please talk loudly and clearly as I have a hearing impairment”.

- No
- Yes – Please specify _____

What is your relationship to the person/organisation being complained about?*

Specifically, are you a current or former:

- Patient
- Employer
- Employee
- Volunteer
- Contractor
- Tangata whaiora/service user
- Professional colleague
- Other _____

My contact details

Email _____

Phone number _____

Address* _____

Suburb _____

City _____

Postcode _____

What is the best way to contact you?*

- Phone
- Email
- Post
- Relay Service
- Other – please specify _____

Tell us about the person you are making the complaint for

Their personal details

Title* (Mr/Ms/Miss/Mrs/Mx/Dr/Other) _____

First name* _____

Last name* _____

Gender*

- Male
- Female
- Other – Please specify _____
- I don't want to answer
- I don't know

Date of birth* (Day/Month/Year)

Age group*

- Under 15 years
- 15 to 17 years
- 18 to 24 years
- 25 to 34 years
- 35 to 49 years
- 50 to 64 years
- 65 to 74 years
- 75 to 84 years
- 85+ years
- I don't want to answer
- I don't know their age

Which ethnic group do they belong to?* (Please select all that apply.)

- NZ European
- Māori
- Samoan
- Cook Island Māori
- Tongan
- Niuean
- Chinese
- Indian
- I don't know their ethnicity
- I don't want to answer
- Other – Please specify (eg, Dutch, Japanese, Tokelauan) _____

Do they identify as having a disability?*

- Yes
- No
- I don't want to answer

Do they have difficulty with any of the following?* (Please select all that apply.)

- Seeing, even if wearing glasses
- Hearing, even if using a hearing aid
- Walking or climbing steps
- Remembering or concentrating
- Self-care (eg, personal hygiene)
- Understanding or being understood by others, even when the conversation is in their usual language
- They don't have difficulty with any of those things
- I don't want to answer
- Other difficulty — Please specify

Do they have any accessibility needs?*

For example: “They prefer documents in large print”; “Please talk loudly and clearly as they have a hearing impairment”.

- No
- Yes – Please specify _____

Do you know their NHI number?*

The National Health Index number is a unique identifier given to every person who uses health and disability services in New Zealand.

- No
- Yes – Please state _____

Their contact details

Email _____

Phone number _____

Address* _____

Suburb _____

City _____

Postcode _____

What is the best way to contact them?*

- Phone
- Email
- Post
- Relay Service
- Other – Please specify _____

Your relationship to the person who received the service

Is the person who received the service aware that you are making a complaint on their behalf?*

- Yes
- No — Is there a particular reason why the person is not aware of this complaint?

What is your relationship to the person who received the service?*

For example: “mother”; “brother”; “friend”.

Please advise whether you are one of the following:*

- Parent where the child who received the service was under 16 years of age
- Enduring Power of Attorney (EPOA) where the person who received the service has been certified as not competent and the EPOA has been activated
- Welfare/legal guardian
- Executor of the estate of the person who received the service, where the person is deceased
- None of the above
- Other _____

We may ask for proof of your relationship with this person. If you have documents that would help with this, please attach them to this complaint.

Tell us about the complaint

Tell us how many providers are involved. If you are complaining about more than two people or organisations, you can include more details in the “Other Providers” section later on this form.

Name of the person and/or organisation who provided the service*

Type of health or disability service provider*

- | | |
|---|--|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Care home | <input type="checkbox"/> Support worker |
| <input type="checkbox"/> Residential disability service | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Medical centre | <input type="checkbox"/> Midwife |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other _____ |

What is the relationship between the person who received the service and the person/organisation that the complaint is about?*

Specifically, is the person who received the service a current or former:

- | | |
|---|---|
| <input type="checkbox"/> Patient | <input type="checkbox"/> Employee |
| <input type="checkbox"/> Service user | <input type="checkbox"/> No relationship |
| <input type="checkbox"/> Professional colleague | <input type="checkbox"/> Other — Please specify |
| <input type="checkbox"/> Employer | _____ |
| | _____ |

What is the address of the person/organisation being complained about?*

Address _____

Suburb _____

City _____

Postcode _____

Other providers (please write their names)

Have you/the person tried to resolve the complaint with the provider directly?*

No – Please explain if there is a particular reason why.

Yes – Please give details, including the outcome. Attach copies of any emails or letters to or from the person or organisation, or notes from meetings.

Have you/the person asked the Nationwide Health and Disability Advocacy Service for help to resolve your complaint?*

No – Please explain if there is a particular reason why.

Yes – Please give details, including the outcome. Please attach copies of any emails or letters to or from the person or organisation, or notes from meetings.

Have you/the person on whose behalf you are making the complaint made a complaint to another agency about this matter (eg, ACC, the Human Rights Commission, the Privacy Commissioner, the Police)?*

- No
- Yes – Please give details, including the outcome.

You can post or email this form to us. If you have any questions, please contact us:

National freephone: 0800 11 22 33

Postal address: PO Box 1791, Auckland 1140

Email: hdc@hdc.org.nz

Fax: 09 373 1061

To contact us using the NZ Relay Service

1. Go to the New Zealand Relay Service at <https://www.nzrelay.co.nz/index>.
2. Select the service best suited to your needs – Text Relay, Caption Relay, Speech to Speech services, TTY service or NZSL Interpreted services.
3. Provide our contact number to the NZ Relay assistant – 09 373 1060.
4. You will be connected to the Health and Disability Commissioner’s Office.