



Health and Disability Commissioner  
*Te Toihau Hauora, Hauātanga*

# Complaint Form

(If you need support in completing this form, you may contact a local advocate on **0800 555 050**. This is a free and confidential service for all people who use a health or disability service in New Zealand.)

## 1: Tell us about you



First name \_\_\_\_\_

Last name \_\_\_\_\_

Address



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Home phone: \_\_\_\_\_



Mobile phone: \_\_\_\_\_



Email: \_\_\_\_\_

\_\_\_\_\_

## 2: Tell us about your complaint

### Who are you complaining about?

Name of the organisation

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Name of the person (if the complaint is about a person)

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### What made you unhappy?

Tell us what happened.

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## When did it happen?

Date or dates \_\_\_\_\_



## What would make you happy?

Tell us what you would like to happen.

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## Have you complained about this to anyone else?

(Please circle your answer)

Yes 

No 

If yes, who did you complain to?


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## We need to talk to the person that you have made a complaint about.

Are you OK with this? (Please circle your answer)

Yes 

No 

## We would like to know a bit more about you.

On the back page of this form are some questions about you. This information is useful to us, but it is optional. You don't have to fill it in if you don't wish to.

**Thank you!**

## Further Information (Optional)

You have given us all the information we need to deal with your complaint but it would help us if you could provide a bit more information about yourself. This information will help us plan for our education and training programmes.

### How old are you:

Are you (put a tick next to the correct age):

Under 16 years old? [  ]

Between 16 and 65 years old? [  ]

Between 65 and 85 years old? [  ]

Over 85 years old? [  ]

### Gender:

Are you (put a tick next to the gender which is correct):

Male [  ]

Female [  ]

Other [  ]

Not known [  ]

### Ethnicity:

Are you (put a tick next to the correct option):

Maori [  ]

Pacific Islander [  ]

NZ European [  ]

Other [  ]

**You can post, fax or email this form to us. Our contact details are:**



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PO Box 1791, Auckland 1140



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Email: [hdc@hdc.org.nz](mailto:hdc@hdc.org.nz)



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