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HEALTH & DISABILITY COMMISSIONER  
TE TOIHAU HAUORA, HAUĀTANGA

# Make a complaint about care you received

Adapted in 2023 by Accessible Formats Service, Blind  
Low Vision NZ, Auckland

**TN:** The logo on the top of the page is Health & Disability  
Commissioner | Te Toihau Hauora, Hauātanga.

# Make a complaint about care you received

The Health and Disability Commissioner (HDC) promotes and protects people's rights as set out in the Code of Health and Disability Services Consumers' Rights. This includes resolving complaints in a fair, timely, and effective way.

## Before you start

Our team may discuss your complaint and health 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 assistance? An advocate can assist you to resolve your complaint directly with the person or organisation you are unhappy with, or they can assist you to make a complaint to HDC. Call 0800 555 050 from 8am to 6pm, Monday to Friday. **This service is free of charge. You can also get assistance to make a complaint to HDC through NZ Relay. Details are at the end of the complaint form.**

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/](http://www.hdc.org.nz/privacy-statement/).

## **About you**

Tell us a little about yourself.

**Please complete all information marked with an asterisk (\*).**

### **My personal details**

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

**First 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 require assistance 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 require assistance with any of those things
  - I don't want to answer this question
  - Is there anything else you require assistance with?  
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'; 'I require a New Zealand Sign Language (NZSL) interpreter', 'I need a room with low glare lighting'.

- No
- Yes — Please specify \_\_\_\_\_

## **Do you know your NHI number?**

The National Health Index number is a unique identifier given to every person who uses health and disability services in New Zealand. This can be found on a letter from your doctor, on a prescription letter, or on the label of your prescription medicine. It is okay if you cannot find it.

- No
- Yes — Please state \_\_\_\_\_

## **My contact details**

**Email** \_\_\_\_\_

**Phone number** \_\_\_\_\_

## **What is the best way to contact you? \***

- Phone
- Email
- Post
- NZ Relay service
- Other — please specify \_\_\_\_\_

**Address \***

Suburb \_\_\_\_\_

City \_\_\_\_\_

Postcode \_\_\_\_\_

**Tell us about your 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 in this form.

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

**Type of health or disability service provider**

- Doctor
- Nurse
- Care home
- Support worker
- Residential disability service
- Physiotherapist
- Medical centre
- Midwife
- Hospital
- Other \_\_\_\_\_

**What is your relationship to this person / organisation? \***

Specifically, are you a current or former:

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

**What is the address of this person / organisation? \***

**Address**

Suburb \_\_\_\_\_

City \_\_\_\_\_

Postcode \_\_\_\_\_

Other providers (please write their names) \_\_\_\_\_

**Tell us about what happened**

Tell us what you want to make a complaint about. Be clear and focus on the main problem(s). Describe the events.



## **Did this incident occur more than two years ago?**

- No
- Yes

If the incident occurred more than two years ago, please tell us the reasons for the delay in making this complaint.

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## **Tell us more about your complaint**

**Are there other people who can assist us with any questions we may have?**

- No
- Yes — Please tell us their names and how we can contact them. For each person, please explain how they may be able to assist.

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

- No — Please explain if there is a particular reason why not.

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- 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.

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

- No — Please explain if there is a particular reason why not.

- 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.

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**Have you 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.

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

National freephone: 0800 11 22 33 – open 8am to 6pm,  
Monday to Friday

Postal address: PO Box 1791, Auckland 1140

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

### **To contact HDC using the NZ Relay or Seeflow services**

1. Go to the NZ Relay service at <https://www.nzrelay.co.nz>
2. Select the service best suited to your needs.
3. Provide HDC's contact number 0800 11 22 33 to the NZ Relay assistant — 09 373 1060.
4. Record an NZSL video and send this to [hdc@hdc.org.nz](mailto:hdc@hdc.org.nz) and we will translate this for you. You can also record a video on the Seeflow website at <https://www.seeflow.co.nz/direct> and select the Health and Disability Commissioner as the organisation. Seeflow will then translate your NZSL video and send this to us.
5. You will be connected to the Health and Disability Commissioner's Office.

**End of Make a complaint about care you received**