

# Make a complaint about care you received

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



## 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, getting yourself dressed)
  - 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
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### 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 \_\_\_\_\_

### 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.

- No
- Yes – Please state \_\_\_\_\_

## 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 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\*

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### 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 your relationship to this person/organisation?\*

Specifically, are you a current or former:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Patient    | <input type="checkbox"/> Tangata whai ora/service user |
| <input type="checkbox"/> Employer   | <input type="checkbox"/> Professional colleague        |
| <input type="checkbox"/> Employee   | <input type="checkbox"/> No relationship               |
| <input type="checkbox"/> Volunteer  | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Contractor |  |

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

Address \_\_\_\_\_

Suburb \_\_\_\_\_

City \_\_\_\_\_

Postcode \_\_\_\_\_

### Other providers (please write their names)

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



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**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 help 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 help.

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**What do you want to achieve by making this complaint?**

Please tell us clearly what you would like to see happen.

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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 help to resolve your complaint?\***

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

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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

Postal address: PO Box 1791, Auckland 1140

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