

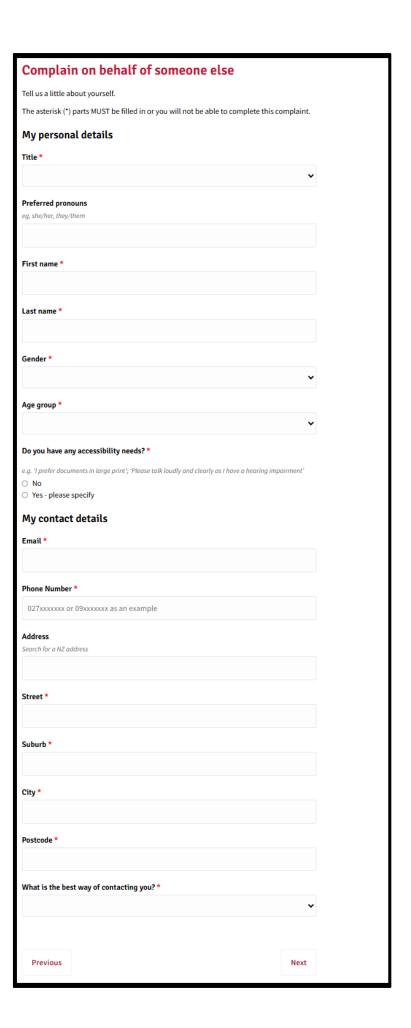
About you	
The asterisk (*) parts MUST be filled in or you will not be able to complete this complaint.	
My personal details	
Title *	
~	
Preferred pronouns	
e.g. she/her, they/them	
First name *	
Last name *	
NHI *	
Where can find the NHI number? There are several ways to find your NHI number, including on - a	
prescription or prescription receipt - a prescription medicine bottle label - a hospital letter - an x-ray or test result - by checking your profile on the online patient portal provided by your general practice. If you	
can't find the NHI, the general practice or pharmacist may be able to assist.	
Gender *	
~ ·	
Date of birth *	
DD/MM/YYYY	
dd/mm/yyyy	
Age group *	
~	
Which ethnic group do you belong to? *	
Please select all that apply	
□ NZ European	
□ Mãori	
☐ Samoan ☐ Cook Island Māori	
☐ Cook Island Maori	
□ Niuean	
□ Chinese	
□ Indian	
□ I don't know	
☐ I don't want to answer ☐ Other – please specify	
Do you identify as having a disability? *	
○ Yes	
O No	
O I don't want to answer	

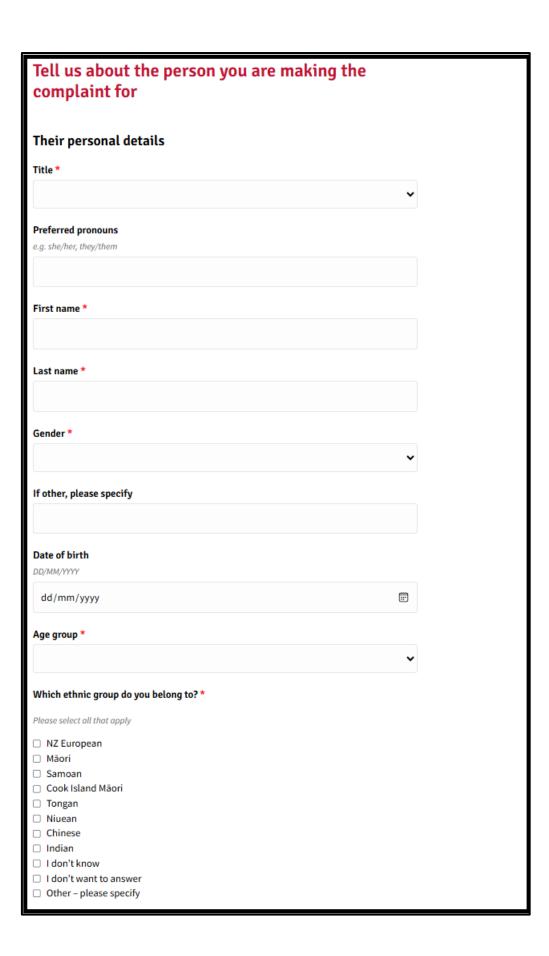
Do you have difficulty with any of the following? *		
Please select all that apply		
 Seeing, even if wearing glasses Hearing, even if using a hearing aid Walking or climbing stairs Remembering or concentrating Self-care (eg, personal hygiene) Understanding or being understood by others, even when the conversation is usual language I don't have difficulty with any of those things I don't want to answer this question Other difficulty – please specify 	s in your	
Do you have any accessibility needs? *		
e.g. 'I prefer documents in large print'; 'Please talk loudly and clearly as I have a hearing impo No Yes - please specify	airment'	
My contact details		
Email *		
Phone number *		
Mobile number or landline number (include area code for landline number)		
Address Search for a NZ address		
Street *		
Suburb *		
City *		
Postcode *		
What is the best way of contacting you?*		
	~	
Previous	Next	

▼ 11 1 1 1 1 1 1 -		
Tell us about the complaint		
Tell us how many providers are involved. If you are complaining about more that	in two	
people or organisations, you can include more details in the 'Other Providers' so in this form.		r
Name of the person and/or organisation who provided the service *		
Type of health or disability service provider *		
O Doctor		
O Nurse Care Home		
O Support Worker		
O Disability Support Service		
Dentist Medical Centre		
Midwife		
Other		
What is your relationship to this person/organisation? *		
Specifically, are you a current or former:		
O Patient		
User of health or disability care/services		
Employer Professional colleague		
Employee		
○ Whānau/family carer		
○ Volunteer ○ Other		
Address Search for a NZ address		
Sedicition of N2 diddress		
Street *		
Suburb *		
City*		
Production de de		
Postcode *		
Other providers		
Please write their names and addresses		
	/	
Have you asked the Nationwide Health and Disability Advocacy Service for he	lp to	
resolve your complaint? *		
○ No		
○ Yes		
Previous	Next	

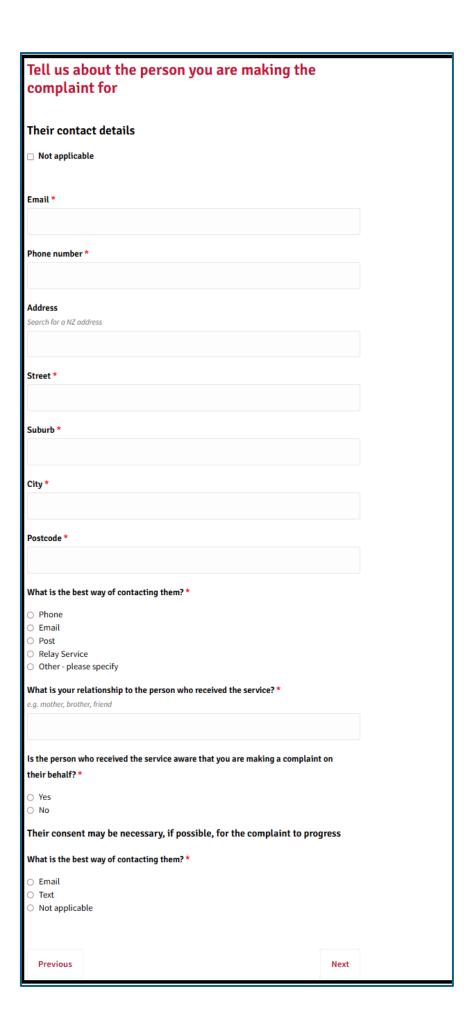
Tell us ab	out what happened	
Tell us about the	e complaint. Please be clear and focus on the main problem(s).	
Describe the eve	ents.	
_	Il the dates and relevant details that you know or can remember * The did it happen to? When did it happen (date and time)? Where did it happen? Who	
Attach any relev	vant files	
Please attach any i letters, reports or p	relevant supporting documentation such as the original complaint letter and response, thotos	
Choose Files		
Have you or the	y tried to resolve your complaint with the provider directly?*	
○ No		
○ Yes		
Summarise th	e main issues in order of importance	
1.		
2.		
3.		
What do you wa	• •	
Please tell us clear	ly what outcomes you are seeking	
Did this inciden	t occur more than two years ago?*	
○ No	-	
○ Yes		
Are there other	people who can help us with any questions we may have? *	
○ No		
○ Yes		
Have you made	a complaint to another agency about this matter? *	
e.g. ACC, the Huma	n Rights Commission, the Privacy Commissioner, the Police	
O Yes		
Previous	Submit	

When the complaint is on behalf of someone else
someone eise





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 stairs 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 they have any accessibility needs? *
e.g. 'I prefer documents in large print'; 'Please talk loudly and clearly as I have a hearing impairment' No Yes - please specify
What is their NHI? *
Where can find the NHI number? There are several ways to find your NHI number, including on - a prescription or prescription receipt - a prescription medicine bottle label - a hospital letter - an x-ray or test result - by checking your profile on the online patient portal provided by your general practice. If you can't find the NHI, the general practice or pharmacist may be able to assist.
Is the person who received the service deceased? *
○ No ○ Yes
Previous



Tell us about what happened
Tell us about the complaint. Please be clear and focus on the main problem(s).
Describe the events.
Please give us all the dates and relevant details that you know or can remember * What happened? Who did it happen to? When did it happen (date and time)? Where did it happen? Who
did it?
//
Attach any relevant files
Please attach any relevant supporting documentation such as the original complaint letter and response,
letters, reports or photos Choose Files No file chosen
Have you or they tried to resolve your complaint with the provider directly? *
○ No ⑤ Yes
Please give details, including the outcome
riese give details, including the outcome
Summarise the main issues in order of importance
1.
2.
3.
What do you want to happen? *
Please tell us clearly what outcomes you are seeking
Did this incident occur more than two years ago? *
○ No
○ Yes
Are there other people who can help us with any questions we may have? *
○ No
○ Yes
Have you made a complaint to another agency about this matter? *
e.g. ACC, the Human Rights Commission, the Privacy Commissioner, the Police
○ No ○ Yes
- ·
Previous Submit