

When the complaint is about you

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

Age group *

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

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 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 you 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

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](#)

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 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
- ☐ Disability Support Service
- ☐ Dentist
- ☐ Medical Centre
- ☐ Midwife
- ☐ Other

What is your relationship to this person/organisation? *

Specifically, are you a current or former:

- ☐ Patient
- ☐ User of health or disability care/services
- ☐ Employer
- ☐ Professional colleague
- ☐ Employee
- ☐ Whānau/family carer
- ☐ Volunteer
- ☐ Other

Address

Search for a NZ address

Street *

Suburb *

City *

Postcode *

Other providers

Please write their names and addresses

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

- ☐ No
- ☐ Yes

Previous

Next

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

No file chosen

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

- ☐ No
☐ Yes

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](#)

**When the complaint is on behalf of
someone else**

Complain on behalf of someone else

Tell us a little about yourself.

The asterisk (*) parts MUST be filled in or you will not be able to complete this complaint.

My personal details

Title *

Preferred pronouns

eg, she/her, they/them

First name *

Last name *

Gender *

Age group *

Do you 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

My contact details

Email *

Phone Number *

Address

Search for a NZ address

Street *

Suburb *

City *

Postcode *

What is the best way of contacting you? *

[Previous](#)

[Next](#)

Tell us about the person you are making the complaint for

Their personal details

Title *

Preferred pronouns

e.g. she/her, they/them

First name *

Last name *

Gender *

If other, please specify

Date of birth

DD/MM/YYYY



Age group *

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

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](#)

[Next](#)

Tell us about the person you are making the complaint for

Their contact details

☐ Not applicable

Email *

Phone number *

Address

Search for a NZ address

Street *

Suburb *

City *

Postcode *

What is the best way of contacting them? *

- ☐ Phone
- ☐ Email
- ☐ Post
- ☐ Relay Service
- ☐ Other - please specify

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

e.g. mother, brother, friend

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

- ☐ Yes
- ☐ No

Their consent may be necessary, if possible, for the complaint to progress

What is the best way of contacting them? *

- ☐ Email
- ☐ Text
- ☐ Not applicable

[Previous](#)

[Next](#)

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Describe the events.

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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
☒ Yes

Please 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](#)