



NOTICE OF COMPLAINT

Date Complaint made:

Complainant Details:

Name:

Address:

..... Phone:

THE EVENT/ISSUE OF COMPLAINT:

What happened?

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Where did it happen?

Date: Time:

Did anyone witness what happened?

Is there anything else you want to tell us?

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What do you want to happen as a result of this complaint?

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Who Received this complaint: How was this Complaint Received:

- This complaint will be passed on to our Complaints Officer and will be acknowledged within 5 working days.
- You will be advised of the outcome within a further 10 working days or the reason for further investigation.
- All complaints will be handled with complete privacy, dignity and confidentiality and respect. You have the right to take your complaint directly to an independent advocate at any stage.
- You can contact the health and disability advocacy service on free phone 0800 555 050 free fax 0800 2787 7678 or by emailing advocacy@hdc.org.nz or contact the health and disability commissioners office on 0800 112 233 at any stage of this complaints procedure.

Signature of Complainant: