

Patient Complaint Form

Mental Health Official Visitor Program *Mental Health Act 2013*

(Complaint form version 3: 14 June 2018)

Are you a patient in a hospital making a complaint?

(Please tick or mark the box below with your answer)

☐ **Yes** – if you answered yes, please fill in Part A and C

☐ **No** – if you answered no, please fill in Part A, B and C

Part A – Patient

Patient name: _____

Hospital name: _____

Contact details: _____

Part B – For other persons making complaints concerning the patient

I declare that I am a support person, or a representative of the patient, or a person who has a genuine interest in the welfare of the patient named in Part A.

My name is: _____

My contact details are: _____

My relationship or role with the patient is:

Part C – My Complaint is:

I consent to an Official Visitor investigating my complaint:

Signature:_____ **Date:**_____

Privacy Statement

If you make a complaint to an Official Visitor, the Principal Official Visitor may collect your personal information (or if you are not a patient the information about the patient on whose behalf you are complaining).

This personal information may be disclosed to the health service provider and patient. It may be used in the management of the complaint.

Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates.

If you have any questions about privacy or the use of personal information, please phone the Official Visitor Program: 1800 001 170

Once both pages of this form are complete, you can either:

- give this form to your care nurse or any member of staff to fax to the Official Visitor Program on: (03) 6173 0231
- give this form to an Official Visitor who is visiting the hospital
- post this form to: Mental Health Official Visitor Program (Patient complaint)
GPO Box 960, Hobart Tas 7001
- email this form to official.visitors@ombudsman.tas.gov.au