

# Consumer Complaint Form



South Canterbury  
District Health Board

**Please Note:** While we encourage clients or their designated representative to complain directly, we do understand that there will be times when they prefer to have a third party act on their behalf. Please be aware that in this situation we may require a Release of Information form to be completed by the client or their representative authorizing the release of information relating to their care or condition to this third party.

**Name of person making a complaint:**

**Address:**

  

**Phone:**

**Are you making a complaint on behalf of someone else?      YES      NO**

If your answer is **YES**, please state the person's name, address and your relationship to that person, in the spaces below:

**Name:**

**Address:**

  

**Your relationship to that person:**

**If you are making this complaint on behalf of someone else, is that person aware that you are taking this action?      YES      NO**

If your answer is **NO**, please give reasons:

**Your complaint**

**Date(s) of event:**

**Location:**

**Person(s)  
involved:**

  

**Please state your concerns:**

## SCDHB – Complaint Form

**(Please attach a separate sheet and continue if necessary)**

**What would be an acceptable outcome for you?**

**I understand and agree** that information relating to this complaint may be released to the persons involved with the complaint, and to the Consumer Feedback Committee to ensure that the investigation is fair and impartial to all parties concerned.

Signed:  Date:

Name:

**Please note** that South Canterbury District Health Board's complaint management process adheres to the requirements of the Health Information Privacy Code (1994).

**Complaints provide an opportunity to continually assess and improve our service. We thank you for making your concerns known to us, and will keep you informed of action taken.**

If you would like assistance to fill in this form, access to an interpreter, or any advice, please contact either: GM Quality & Risk, SCDHB, tele. 03 684 1451, or Advocacy Services, tele 03 684 1594.

Please return this consumer complaint form to:

**Carol Murphy  
GM Quality & Risk  
South Canterbury District Health Board  
Private Bag 911  
Timaru**