

Consumer Complaint Form



If you would like assistance to fill in this form, access to an interpreter, or any other advice, please contact either:

- Any staff member
- Quality and Risk Department, Ph. 03 687 2292,
- Advocacy Services (local advocate) Ph. 03 687 2291.

Please Note: The South Canterbury District Health Board's complaint management process adheres to the requirements of the Health Information Privacy Code (1994). 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 your reasons:

Your complaint

Date(s) of event:

Location:

**Person(s)
involved:**

Please state your concerns:

(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, to ensure a fair and impartial investigation for all concerned.

Signed: Date:

Name:

Complaints provide an opportunity to continually assess and improve our service. We thank you for making your concerns known to us, and will respond accordingly.

Please return this consumer complaint form to:

**Quality & Risk
Level 4, Gardens Block
South Canterbury District Health Board
Private Bag 911
Timaru
Email ceo@scdhb.health.nz**