

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,
- National 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 [Office of the Privacy Commissioner | Health Information Privacy Code 2020](#). 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 consent form for Release of Information to be completed by the client/patient or their representative authorising the release of information relating to their care or condition to this third party.

Name of person making a complaint:

Address:

Phone:

Email: (optional)

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 this person, in the spaces below:

Name:

Address:

Your relationship to this person:

Is this person aware that you are making this complaint on their behalf?

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 page 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 feedback@scdhb.health.nz or ceo@scdhb.health.nz