Complaint Form

If you have any questions about this form or need help to put your complaint in writing please call us on 1800 677 342 (free call) or TTY 1300 726 563

☐ I am the person who received the disability service (complete section 1, then section 3 onwards)

OR

☐ I am making a complaint on behalf of the person or child with a disability who received the service (complete all sections)

1. YOUR DETAILS

Mr/Ms/Mrs (other)  __________ First name  ________________________________
Last name  ________________________________
Postal Address  ________________________________
Postcode  ________________________________
Telephone (business hours)  ________________________________
Mobile phone  ________________________________
TTY  ________________________________
E-mail address  ________________________________
Date of birth / Age (if you are the person who received the service)  ________________________________
Type of disability (if you are the person who received the service)  ________________________________
Preferred language for communicating with us  ________________________________
Please tell us what help you may need to communicate with us

________________________________________________________

☐ I wish to be identified as a person of Aboriginal and or Torres Strait Islander descent
2. COMPLAINT MADE ON A PERSON’S BEHALF

Please complete the details of the person or child with a disability who received the service.

Mr/Ms/Mrs (other) ______________________ First name ______________________
Last name ________________________________
Postal Address ________________________________
Postcode ________________________________
Telephone (business hours) ______________________ Mobile phone ______________________
E-mail address ______________________ TTY ______________________
Date of birth / Age ________________________________
Type of disability ________________________________
The person’s preferred language for communicating with us ________________________________
Please outline any help the person may need to communicate with us ________________________________

☐ The person wishes to be identified as a person of Aboriginal and or Torres Strait Islander descent

Please complete details of your relationship to the person who received the service and their knowledge of this complaint.

Your relationship to the person who received the service ________________________________
Do you have a legal role for the person who received the service?
(e.g. parent of a child under 18 years or guardian)
Yes ☐ No ☐
If Yes, please provide details: ________________________________
Does the person know you are making a complaint on their behalf?
Yes ☐ No ☐
If No, please provide reasons why ________________________________
Do you agree that we can talk about this complaint with the person who received the service?
Yes ☐ No ☐
If No, please provide reasons why ________________________________
3. DETAILS OF THE DISABILITY SERVICE THE COMPLAINT IS ABOUT

Name of disability service provider  
Address (if known)  
Phone number (if known)  
Please state how long you have been with this service (eg in weeks, months or years)  

4. YOUR CONCERNS

Please tell us what your main concerns are, including what led up to the complaint, approximate dates and who was involved:

If you need more room attach extra pages
Attach any relevant documents
5. WHAT YOU WANT TO HAPPEN

Please outline the things you want to happen to resolve your complaint:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. ACTION ALREADY TAKEN

It is helpful to know what action you may have already taken to deal with your concerns. You can still make a complaint if you have not felt able to raise your concerns with the disability service.

Have you told the disability service about your concerns?

Yes ☐ No ☐

If Yes, what was the outcome? If No, was there a particular reason?

________________________________________________________________________

________________________________________________________________________

Have you asked another agency or person for assistance with these concerns? (eg an advocate or another complaints body):

Yes ☐ No ☐

If Yes, please give details

________________________________________________________________________

________________________________________________________________________

Do you agree that we can talk to this agency or person about your complaint?

Yes ☐ No ☐
7. CONSENT TO OBTAIN OR PASS ON INFORMATION

Consent is required for the Disability Services Commissioner and staff to obtain or pass on personal information relevant to this complaint. A complaint can be made without providing this consent but the information that can be obtained or passed on by the Disability Services Commissioner may be limited. Consent can also be provided in other forms (e.g. verbally) if needed.

If you have any concerns about providing consent please contact us to discuss or specify below:

YOUR CONSENT

Please complete this section if you are the person making the complaint.

I (insert full name) give permission to the Disability Services Commissioner to:

☐ provide a copy of this complaint to the relevant disability service provider

☐ request and receive any relevant information or documents about me relating to this complaint from the disability service provider, or any other organisation which may be involved with this complaint.

OR

☐ I do not give permission at this stage.

Optional: Permission for another person to provide or receive information:

I give permission to (insert name)
(eg family member, advocate) to provide or receive relevant information on my behalf to assist with this complaint, if needed.

Signature ……………………………………………… Date ..... / ..... /…….

If you are the person who received the service, you have now completed the form. For complaints made on a person’s behalf, please continue.
CONSENT FOR A COMPLAINT MADE ON A PERSON’S BEHALF

If you are making this complaint on a person’s behalf, the following consent is needed to obtain and pass on personal information relevant to this complaint. This consent can also be provided at a later stage.

- If the person who received the service is able to provide consent, please ask them to complete this consent.
- If the person who received the service is not able to provide consent, or is under 18 years, please complete this consent if you are the person who would normally provide consent on his/her behalf, or ask the person who would normally provide consent for the person who received the service to complete this section.
- If you are unable to provide or obtain consent, leave this section blank and we can discuss this with you.

CONSENT BY , OR ON BEHALF OF, THE PERSON WHO RECEIVED THE SERVICE

I   (insert full name)

give permission to the Disability Services Commissioner to:

☐ request and receive any relevant information or documents about me/the person who received the service from the disability service provider, or any other organisation which may be involved with this complaint.

OR

☐ I do not give permission at this stage

Optional: Permission for another person to provide or receive information:

I give permission to   (insert name)

(eg person who made complaint, family member, advocate,) to provide or receive relevant information on my behalf to assist with this complaint, if needed.

Signature ………………………………………………… Date   ….. / ….. /……..

If consent is provided on a person’s behalf, please state your legal role for the person (e.g. parent, guardian):
PRIVACY STATEMENT

The Disability Services Commissioner collects personal and health information relating to you (or the person on whose behalf you are complaining) in its role in dealing with complaints and to report on the functions and activities of the office. The Disability Services Commissioner can only pass on information about a complaint if it is necessary for performing the functions of the office and the relevant consent is provided.

The authority to collect and use this information is contained in the Disability Act 2006 and the Health Records Act 2001 and is reported only in a de-identified form. The information this office holds about you can be accessed by application under the Freedom of Information Act 1982.

RETURN THIS FORM TO:

Disability Services Commissioner

Mailing Address: Level 30
570 Bourke Street
Melbourne Vic 3000

Facsimile: 03 8608 5765
E-mail: complaints@odsc.vic.gov.au

Phone: 1800 677 342

August 2011
Printed on 100% recycled paper