



If you would like help with this form, please ask reception.

If you do not want to make your complaint to Danila Dilba Health Service, you can contact the Northern Territory Health and Community Services Complaints Commission. Please ask reception for a copy of their brochure.

Office use only - Complaint No.:

1. Your details

Title	First name	Last name	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
Address		Suburb	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone (business hours)	Telephone (after hours)	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Do you have a disability or other special needs?		If yes, please specify	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	

2. Is this complaint for someone else?

Yes No

(If **YES**, please give the details below. If **NO**, please go to Section 4.)

Title	First name	Last name	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
Address		Suburb	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone (business hours)	Mobile	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
What is your relationship with the person and why are you doing this for them?			
<input type="text"/>			

3. Other person's approval

If the person you are doing this for is able to give their consent, please get them to sign here.

I _____ give permission for _____

to make this complaint on my behalf.

Signature _____

Date: / /

Or, they are unable to give consent because:

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4. Complaint

Please briefly describe your complaint, and attach any relevant documents such as letters or reports. If you need more space, please attach a separate page.

Please be as specific as possible and include information like what led to the complaint, what happened and who was involved

Attachments Yes No If yes, how many pages?

What would you like to be the outcome of this complaint? For example: an explanation, an apology, better service, disciplinary action, change of policy/procedure.

5. Permission to access private information

To properly consider this complaint, it may be necessary to access private information such as client records. If you do not agree to this, the complaint may not be able to be resolved how you would like it to.

If you agree to the private information being accessed, please sign here.

I _____ give permission for Danila Dilba Health Service and/or its representative to access mine/the client's private information to help resolve this complaint.

Signature of client/representative: _____

Date: / /

We value your complaint.

Thank you for taking the time to make your complaint. Danila Dilba Health Service recognises the importance of our clients having access to high-quality, culturally-appropriate health care and that where this does not happen, our clients and their guardians/carers/advocates have the right to make a complaint.

Danila Dilba also recognises that complaints help drive improvement in what we do by identifying where we can do better.

A Danila Dilba Manger will be in contact with you regarding your complaint **within three working days**.

Please either give your completed form to reception, or:

<p style="text-align: center;">Mail</p> <p>Danila Dilba GPO B0x 2125, Darwin City NT 0801</p>	<p style="text-align: center;">Hand deliver</p> <p>Danila Dilba 36 Knuckey St, Darwin NT 0800</p>	<p style="text-align: center;">Email</p> <p>complaints@daniladilba.org.au</p> <p style="text-align: center;">Fax</p> <p>(08) 8981 7567</p>
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