

# Complaint Form

Office Use Only – Complaint No.:

**If you would like help with this form, please contact 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.

## 1. Your details

Please include your personal details here, even if this complaint is for someone else.

|  |            |           |          |
|--|------------|-----------|----------|
| Title  | First Name | Last Name | DOB      |
| Address  |            | Suburb    | Postcode |
| Phone number                                     |            | Email     |          |
| Do you have a disability or other special needs? |            |           |          |
| If yes, please specify.                          |            |           |          |

## 2. Is this complaint for someone else?

If YES, please give the details of the person below. If NO, please go to Section 4.

|  |            |           |          |
|--|------------|-----------|----------|
| Title  | First Name | Last Name | DOB      |
| Address  |            | Suburb    | Postcode |
| Phone number   |            | Email     |          |
| What is your relationship with the person and why are you doing this for them? |            |           |          |

### 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:

### 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.

Note: Be as specific as possible. Include information like what led to the complaint, what happened, and who was involved.

Attachments

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 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 representatives to access my/the client's private information to help resolve this complaint.

Signature of clients/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 the improvement in what we do by identifying where we can do better.

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

## Where to submit this form.

Please either give your completed form to reception, or:

|  |   |  |
|--|---|--|
| <p><b>Hand Deliver</b><br/>Danila Dilba Health Service<br/>Level 2, 28 Knuckey St<br/>Darwin NT 0800</p> | <p><b>Mail</b><br/>Danila Dilba<br/>GPO Box 2125<br/>Darwin NT 0801</p> | <p><b>Email</b><br/><a href="mailto:complaints@ddhs.org.au">complaints@ddhs.org.au</a><br/><b>Fax</b><br/>(08) 8942 5451</p> |
|--|---|--|