

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?

itle	First Name	Last Name	DOB
Address	3	Suburb	Postcode
Phone r	number	Email	
What is	your relationship w	ith the person and why are you	doing this for them?
	Jour relationap in		





3. Other person's approval

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

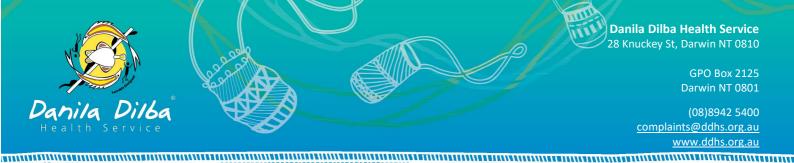
Attachments

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.

Danila Dilba Biluru Butji Binnilutlum Health Service Ltd





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:					
Hand Deliver	Mail	Email			
Danila Dilba Health Service	Danila Dilba	<u>complaints@ddhs.org.au</u>			
Level 2, 28 Knuckey St	GPO Box 2125	Fax			
Darwin NT 0800	Darwin NT 0801	(08) 8942 5451			

