

Complaint Form

(Complaint on behalf of another person)

ACT AMBULANCE SERVICE
ACT EMERGENCY SERVICES AGENCY



Please return completed form to;
ACT Ambulance Service
Consumer Engagement & Liaison Officer
GPO Box 158
Canberra ACT 2601

Patient details

Mr/Mrs/Ms (other): _____ First name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Date of Birth: _____

Phone (business hours): _____ Phone (after hours): _____

E-mail address: _____

Preferred method of contact: _____

The patient's preferred language is _____

Details of the person lodging this complaint

Mr/Mrs/Ms (other): _____ First name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Date of Birth: _____

Phone (business hours): _____ Phone (after hours): _____

E-mail address: _____

Preferred method of contact: _____

My preferred language is _____



Patient's Authority

*The Complaints Act specifies who is allowed to make a complaint to the Chief Officer.
Please tick the appropriate box and then fill out the relevant section.*

I am

- A person appointed by the patient to make this complaint
Please fill out section A on this page and proceed to page 4
- A guardian or other person with the legal authority to act on the patient's behalf
Please fill out section B on page 3 and proceed to page 4
- A parent or guardian of a patient who is a child under eighteen years old
Please fill out section C on page 3 and proceed to page 4
- None of the above *Please fill out section D on page 4*

Section A: person appointed by the patient

I, _____ appoint _____ to lodge
(insert full name of the person who received this service) (insert full name of the person lodging the complaint)

this complaint on my behalf and authorise the Chief Officer and/or their delegate to obtain information and health records relevant to this complaint.

I understand that

- the Chief Officer and/or their delegate may release to the service provider and other people dealing with this complaint a copy of the complaint, health records and/or other personal information;
- Service providers may share relevant information with their professional indemnity insurers and/or legal advisers; and
- the Chief Officer and/or their delegate may release to a relevant health professions board a copy of my complaint and/or other personal information.

Patient signature: _____ Date: _____

Complainant signature: _____ Date: _____



Section B: Legally Appointed representative

Please enclose documentary evidence of your authority

I act on behalf of the patient because

- I am a Guardian appointed by a Guardianship Board or a Court
- I have power of attorney
- I am the Executor or Administrator of the estate

I authorise the Chief Officer and/or their delegate to obtain information and health records relating to

(insert full name of the patient who received the service)

I understand that

- the Chief Officer and/or their delegate may release to the service provider and other people dealing with this complaint, a copy of my complaint, health records and/or other personal information;
- service providers may share relevant information with their professional indemnity insurers and/or or legal advisers; and
- the Chief Officer and/or their delegate may release to a relevant health professions board a copy of my complaint and/or other personal information.

Complainants signature: _____ Date: _____

Section C: Guardian of a child under eighteen

I _____ authorise the Chief Officer and/or their delegate to obtain

(insert full name of the person lodging the complaint)

information and health records relevant to this complaint relating to _____

(insert the child's name)

I understand that

- the Chief Officer and/or their delegate may release to the service provider and other people dealing with this complaint, a copy of my complaint, health records and/or other personal information;



- service providers may share relevant information with their professional indemnity insurers and/or legal advisers; and
- the Chief Officer and/or their delegate may release a copy of my complaint or other personal information to a relevant health professions board.

Guardians signature: _____ Date: _____

Section D – Other stakeholder (such as the patient’s medical practitioner)

I, _____ request that the Chief Officer accept this complaint from me because

I understand that

- the Chief Officer and/or their may obtain information and health records relevant to this complaint;
- the Chief Officer may release to the service provider and other people dealing with this complaint, a copy of my complaint, relevant health records and/or other personal information;
- service providers may share relevant information with their professional indemnity insurers and/or legal advisers; and
- the Chief Officer and/or their delegate may release to a relevant health professions board a copy of my complaint or other personal information.

Complainants signature: _____ Date: _____

My complaint relates to

If your complaint relates to an ambulance account, please contact Shared Service Ambulance Finance on (02) 6207 9990

- | | | | |
|--------------------|--------------------------|----------------------------|--------------------------|
| Administration | <input type="checkbox"/> | Response Time of Ambulance | <input type="checkbox"/> |
| Communications | <input type="checkbox"/> | General level of service | <input type="checkbox"/> |
| Clinical Treatment | <input type="checkbox"/> | Other | <input type="checkbox"/> |

What was the date that your complaint relates to? _____

The Chief Officer cannot accept a complaint about a problem that became apparent more than 1 year ago, unless special circumstances apply.



