Complaint form

The office of the National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC) handles complaints about the administrative processes of the Australian Health Practitioner Regulation Agency (AHPRA) and the following National Boards:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Chinese Medicine Board of Australia
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Medical Radiation Practice Board of Australia
- Nursing and Midwifery Board of Australia
- Occupational Therapy Board of Australia
- Optometry Board of Australia
- Osteopathy Board of Australia
- Paramedicine Board of Australia
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia
- Psychology Board of Australia

How to make a complaint

This form is to assist you to make a complaint to the NHPOPC. However, you can choose to make a complaint by mail, email or telephone, using the following contact details:

Mail: National Health Practitioner Ombudsman and Privacy Commissioner, GPO Box 2630, Melbourne, Victoria 3001

Email: complaints@nhpopc.gov.au

Telephone: 1300 795 265 (Interpreter services: 131 450)

Before you make a complaint

If you are from New South Wales or Queensland, please note that the NHPOPC does not have jurisdiction to deal with the administrative processes of the Health Care Complaints Commissioner and the Health Professionals Council Authority in New South Wales, or the Office of the Health Ombudsman in Queensland. You may wish to contact the New South Wales Ombudsman or the Queensland Ombudsman to discuss your concerns about these organisations.

If you have not yet discussed your concerns with AHPRA, please make a formal complaint to AHPRA and allow a reasonable time for a response. For more information about making a formal complaint, please contact AHPRA on 1300 419 495 or via its website at https://www.ahpra.gov.au/About-AHPRA/Complaints.aspx. If you do not receive a response from AHPRA or if you are dissatisfied with the response, you may then complain to the NHPOPC.
About you

Please only provide information that you would like us to use in our communications with you.

You can complain to the NHPOPC anonymously, or by using a pseudonym, however, this may mean that we cannot proceed to investigate the matter. Alternatively, you can request that some or all information be kept confidential. **If you intend for information to be kept confidential, please tell us immediately.** We will keep information confidential as per your request, unless otherwise required by law.

Title

☐ Mr  ☐ Miss  ☐ Ms  ☐ Mrs  ☐ Dr  ☐ Professor  ☐ Mx  ☐ Other (please specify) __________________________

Full name

Mailing address

Contact number

Email address

Date of birth  (Please note: the format of your date of birth should be dd/mm/yyyy)

Do you require a translating and interpreting service?

☐ Yes  ☐ No

If yes, please specify the language required __________________________

Authorisation to complain on behalf of someone else

Are you authorised to make this complaint on behalf of someone else, or do you have a representative that you give authorisation to act on your behalf?

☐ Yes, complete information below  ☐ No, go to next section

Complainant: Authorisation

This complaint is about me and I give consent to the authorised person to disclose my personal information to the NHPOPC. I understand that the authorised person will also receive my personal information from the NHPOPC in relation to my complaint.

I acknowledge that I must advise the authorised person if my circumstances change and update them with any details that are relevant to my complaint.

I confirm my consent for the NHPOPC to send correspondence to AHPRA and/or the relevant National Board about my complaint.

Signature of complainant

Full name of complainant

Contact number

Date
Authorised person: Acknowledgment

I acknowledge that I have read, understand and accept the authorisation made by the complainant.

Signature of authorised person

Full name of authorised person

Relationship to complainant

Contact number

Email address

Date

Who you are complaining about

We only accept complaints about the entities listed below. Please nominate which entity/entities you wish to make a complaint about.

☐ Australian Health Practitioner Regulation Agency (AHPRA)

☐ National Board
  ☐ Aboriginal and Torres Strait Islander Health Practice Board of Australia
  ☐ Chinese Medicine Board of Australia
  ☐ Chiropractic Board of Australia
  ☐ Dental Board of Australia
  ☐ Medical Board of Australia
  ☐ Medical Radiation Practice Board of Australia
  ☐ Nursing and Midwifery Board of Australia
  ☐ Occupational Therapy Board of Australia
  ☐ Optometry Board of Australia
  ☐ Osteopathy Board of Australia
  ☐ Paramedicine Board of Australia
  ☐ Pharmacy Board of Australia
  ☐ Physiotherapy Board of Australia
  ☐ Podiatry Board of Australia
  ☐ Psychology Board of Australia

☐ AHPRA Management Committee

☐ Australian Health Workforce Advisory Council

Name of the individual(s)/staff members involved (if known)
AHPRA’s response to your concerns

The NHPOPC requires that, as an initial step, you raise your complaint with AHPRA in order to give it an opportunity to resolve the matter. If you have not done this, please see page 1 of our complaint form for details about how to lodge a complaint with AHPRA.

When did you complain to AHPRA? 

What was the response, if any?

Please attach a copy of your complaint to AHPRA and any response you have received.

If there are exceptional circumstances justifying why you have not yet made a complaint to AHPRA, please outline these reasons.

Have you raised this complaint with another agency or organisation?

☐ Yes, provide their details below and provide copies of relevant documents  ☐ No, go to next section

Name of agency/organisation

Date of complaint

Are they currently dealing with your complaint?

☐ Yes  ☐ No
Your complaint

Please describe your complaint. You may wish to include:

- what happened
- when it happened (include dates)
- who was involved (include names of individuals involved)
- how and when you found out about it
- any other relevant details including any information or evidence to support your complaint.

Please tell us how you would like your complaint to be resolved.

Please attach a copy of any other relevant information or evidence to support your complaint.
How did you hear about the NHPOPC?

Privacy statement
The NHPOPC collects, holds, uses and discloses personal information when carrying out functions under the Health Practitioner Regulation National Law (as in force in all states and territories of Australia), the Ombudsman Act 1976 (Cwlth), the Privacy Act 1988 (Cwlth) and the Freedom of Information Act 1982 (Cwlth).

Once any personal information comes into our possession, we take reasonable steps to protect that information from unauthorised or inappropriate access, use, modification, disclosure, or other interferences.

Personal information will only be used for the intended purpose. We will usually disclose the information you give to us to AHPRA and/or the relevant National Board and, if necessary, to others who have information relevant to your complaint. We may also collect your personal information from other people or organisations when investigating your complaint.

More information can be found in our Privacy Policy, available at www.nhpopc.gov.au

Declaration, acknowledgement and consent
I declare that all the information I have provided in this complaint form is true and correct.

I acknowledge that I must advise the NHPOPC if my circumstances change and update the office with any details that are relevant to my complaint.

I authorise the NHPOPC to share information about this complaint with AHPRA and/or the relevant National Board, and I confirm my consent for the NHPOPC to send copies of correspondence to AHPRA and/or the relevant National Board about my complaint.

I confirm that I have read the privacy statement for this complaint form.

Signature

Full name

Date

Accessibility
To receive this publication in an accessible format, please phone 1300 795 265, using the National Relay Service 13 36 77 if required, or email complaints@nhpopc.gov.au

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