



Tongan Health Society Inc
Ko e Sosaieti Tonga ki he Mo'ui Lelei

Complaints Form

Definition:

A complaint is a situation when you feel your rights as a client of Langimalie Health Centre have been breached or anything else about the service that makes you unhappy.

Procedure

Please complete this form and give to the Senior Staff Member or post to 1 Fleming Street, Onehunga, Auckland. A notice of the receipt of your complaint will be sent to you within 5 working days.

Langimalie Health Centre's Complaints Officer will ensure that the complaint is investigated and will advise you of the outcome within a further 10 working days – or the reason for further investigation at that time.

If you wish to present a complaint in person please ask to speak to the Complaints Officer or a Senior Staff Member on duty in order to make an appointment to discuss your complaint with Langimalie Health Centre Management.

All complaints will be handled with complete privacy, dignity and confidentiality and respect in all respects. You have the right to take your complaint directly to an independent advocate at any stage.

You can contact the Health and Disability Advocacy Service on free-phone 0800 555 050, free-fax 0800 2787 7678, or by emailing advocacy@hdc.org.nz or contact the Health and Disability Commissioner's Office on 0800 112233 at any stage of this complaints process.

Name: _____

Address: _____

Home Phone: _____ Mobile: _____

Details (Tick as appropriate)

- | | | | | |
|----------------------------------|----------------------------------|--|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Patient | <input type="checkbox"/> Visitor | <input type="checkbox"/> Family/whanau | <input type="checkbox"/> Contractor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Written | <input type="checkbox"/> Phone | <input type="checkbox"/> Overheard | |



Summary of the Complaint:

Complaints Follow-Up

Immediate action taken:

Complaint received by: _____

Signed: _____

Position: _____

Date: _____

Complaint forwarded to Complaints Officer:

Complainant Contacted:

Yes

Date: _____

No

Yes

Date: _____

No

For formal complaints:

Acknowledgement letter:

Delay letter:

Response letter:

Date: _____

Date: _____

Date: _____



Follow-up / Investigation:

Findings of Follow-up / Investigation:

Conducted by: _____

Signed: _____

Position: _____

Date: _____

Action / Changes made:

Actioned by: _____

Signed: _____

Position: _____

Date: _____

Complaint discussed with Management Team:

Date: _____

Complaint signed off by:

By: _____

Signed: _____

Position: _____

Date: _____

Complaint logged? Yes

Date: _____