

COMPLAINTS FORM



Please read the Complaints Policy and/or the Complaints Fact Sheet before completing this form. Both may be found on the [Feedback and Complaints page of our website](#).

- A complaint will not change the outcome of a Tribunal hearing nor will it lead to a change of the Member hearing your case. This is explained in the Complaints Facts Sheet.
- The Tribunal does not have powers to investigate other agencies, and some investigation powers are given to specialist agencies. For complaints which are investigated by other agencies this form should not be used, the Complaints Facts Sheet provides details of where such complaints can be reported and investigated. Such complaints include:
 - A complaint about your healthcare treatment or the actions of a doctor or hospital
 - A complaint about your legal representative
 - A complaint about a breach of the Victims Charter of Rights

1. This form should only be used if you seek some action/outcome. If you are not seeking a response or action but wish to offer a view or comment, please use the [Feedback Form](#).
2. A complaint must be in writing and cannot be anonymous.
3. Identify what it is that you are complaining about and describe the factual basis for your complaint:
 - if your complaint is regarding the conduct of registry staff, please set out the dates and particulars;
 - if your complaint is regarding a process or procedure please describe; and
 - if your complaint is regarding conduct of a Tribunal Member please provide the date, time and location of the hearing or conduct
4. Make a copy of the complaint before you send it to the Tribunal. Completed forms should be directed to the Registrar via MHRT-MHRT@health.nsw.gov.au or by post to [PO Box 247 Gladesville NSW 1075](#).

Your Contact Details

Full Name:

Postal Address:

Mobile Phone Number:

Email Address:

What is your role?

Tribunal Proceedings if applicable

Hearing Date:

Hearing Location:

Tribunal Reference No:

Patient/Consumer Name:

Complaint Details

Please identify what you are complaining about and describe the factual basis. Set out dates and locations where relevant.

Outcome Sought

Please describe any outcome you are seeking in this matter.

Name and Signature of Complainant

Signature: Date:

Name: