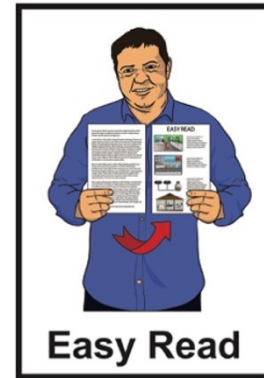




HEALTH & DISABILITY COMMISSIONER
TE TOIHAU HAUORA, HAUĀTANGA



Form to make a complaint about your health or disability care



Before you start



This is a long document with lots of:

- things for you to read
- pages for you to fill in.



Some things you can do to make it easier to read are:



- read a few pages at a time
- fill out a few pages at a time
- have someone support you to fill it out like a:



- family member
- friend
- support person.

What you will find in here

Page number:



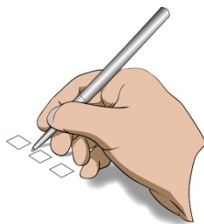
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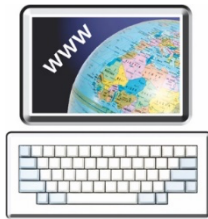
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What this document is about



This Easy Read document is from the **Health and Disability Commissioner**.




HEALTH & DISABILITY COMMISSIONER
TE TOIHAU HAUORA, HAUĀTANGA

The Health and Disability Commissioner is also called the **HDC**.



HDC looks after the rights of people who use:

- health services
- disability services.

Your rights when you use a health or disability service 


You have the right to:

- be treated with respect
- be treated fairly
- dignity and independence
- have good care and support that fits your needs
- be told things in a way you understand
- be told everything you need to know about your care and support
- make choices about your care and support
- have support
- decide if you want to be part of training and research or not take part
- make a complaint

If you are not happy with the support you receive, you can:

Talk to the person you are not happy with
Ask a family member or friend to help you make a complaint

Call **0800 55 50 50** and ask for a Health and Disability Advocate or email advocacy@advocacy.org.nz
Call **0800 11 22 33** or email hdc@hdc.org.nz to make a complaint with HDC



HDC protects the rights people have under the **Code of Health and Disability Services Consumers' Rights**.



To find more information about your rights there is an Easy Read document called:

Your rights when using health or disability services

You can find this Easy Read document on the HDC **website**:



www.hdc.org.nz/your-rights



This Easy Read document is a form that you can use if you want to make a **complaint** to HDC about a health or disability service.



A **complaint** is when you tell someone that you did not like a service that you used.



You might make a complaint if:

- something bad happened
- something upset you
- a service was not good enough
- you did not like how the service was given to you.



Before you complain to HDC you might want to make a complaint to:



- the **provider**
- someone else.



A **provider** is a person or organisation that offers health or disability services like:



- doctors
- dentists
- massage therapists
- counsellors
- support workers.



When to fill out this form



You can fill out this form when you have a complaint about a:

- health service provider
- disability service provider.



You can make a complaint about a service:

- you were given
- someone you know was given
- you saw someone else getting.





You can use this form to make a complaint if you:

- are not comfortable making a complaint directly to the provider
- tried making a complaint to a provider but you were not happy with what they did with your complaint.



What to do if you need assistance filling out this form



You can fill out this form in any language.



We will have what you write translated so we can understand it.

You can get an **advocate** to help you to:



- fill out this form
- make a complaint to the service you have a problem with.

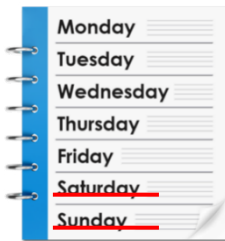


An **advocate** is someone who supports you to have your say.



If you need an advocate you can
phone us on:

0800 555 050



This number is open:

- Monday to Friday
- 8 o'clock in the morning to
6 o'clock in the evening.



You do not need to pay any money to
phone this number.



If you find it hard to use the phone, the **New Zealand Relay** service is for people who are:

- Deaf / hard of hearing
- deafblind
- speech impaired / find it hard to talk.



You can find out more about the New Zealand Relay service at:

www.nzrelay.co.nz

Before you start filling out this form



You can write on this form.

Write on dotted lines like this:



When asked to choose answers
please tick boxes like this:



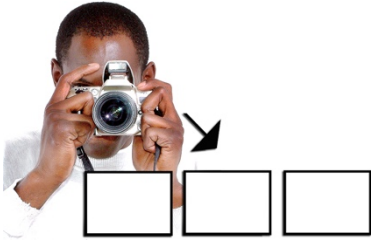
If you see a * before a question then
you must answer it.

If there is no * then you can choose if
you want to answer it.



You can send HDC other things with this form like:

- documents
- letters
- emails
- photos.



We might need to talk about your complaint with the person / provider your complaint is about.



To do this we may need to send them:

- a copy of your complaint form
- your health records.



This is so that they know enough to be able to answer our questions.

You can learn more about how we respect your privacy on this **website**:



www.hdc.org.nz/privacy-statement/

We treat all complaints with:

- fairness
- respect.



We know that if you have a complaint to make then you may be feeling:

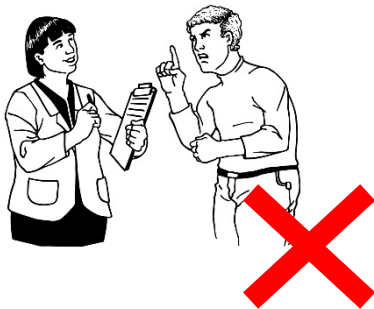
- upset
- angry.





When talking to our staff please stay:

- calm
- polite.



Please do not:

- yell at HDC staff
- be rude to HDC staff.



If you do not treat our staff well we may need to:



- give you a warning
- talk to the Police



- change how you can contact our staff.



All of these things would make it more difficult for us to assist you well with your complaint.

Tell us about you



We need to know some things about you so we can understand what you need.

Please tell us the following:



*** My title is:**

.....

Title means what goes before your name like Mr / Mrs / Miss / Ms / Mx / Dr.



*** My first name is:**

.....

*** My last name is:**

.....



*** My gender is:**

Male

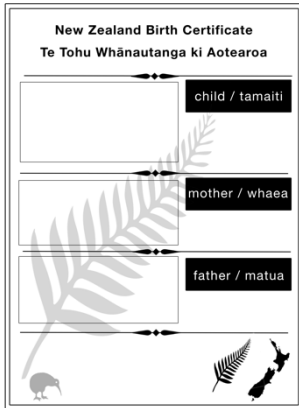
Female

Other (please write what it is):

.....

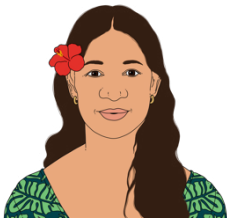
I do not want to answer

I do not know.



Gender means the type of person you are which might be:

- the same as what you were called at birth
- different from what you were called at birth.



There are many genders including:

- female
- male
- takatāpui
- nonbinary
- gender fluid.



*** My date of birth is:**

.....



*** My age is in this group:**

Less than 15 years



15 to 17 years old



18 to 24 years old

25 to 34 years old



35 to 49 years old

50 to 64 years old



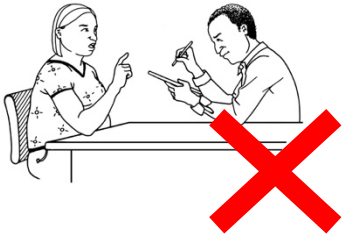
65 to 74 years old

75 to 84 years old



85 years old or older.

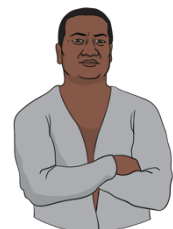
If you prefer you can choose 1 of these answers if you want to:



I do not want to tell you my age

I do not know how old I am.

*** The ethnic group I am from is:**



Tick all the ethnic groups you are a part of on this page / the next page.

NZ European / Pākehā

Māori

Samoa

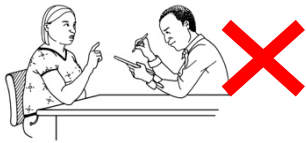
Cook Islands Māori

Tongan

Niuean

Chinese

Indian.



I do not know my ethnic group

I do not want to answer

I am from this other ethnic group which I will write here:

.....



Do you have a disability?

Yes

No

I do not want to answer.



A **disability** is a condition you have that makes it more difficult for you to do some things than other people who do not have that condition.

Disabilities can affect your:

- body
- senses such as vision / hearing
- mind
- ways of learning.

Do you need assistance with any of these?



Seeing things including wearing glasses



Hearing things including using a hearing aid



Walking / climbing steps



Thinking such as remembering / concentrating



Looking after your body like keeping yourself clean

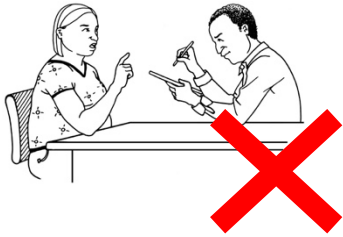


Talking to people in your own language / being understood by others when talking.

Or you might like to choose one of these options:



I do not need assistance with any of these things



I do not want to answer this question



I need assistance with this other thing I will tell you about here:

.....

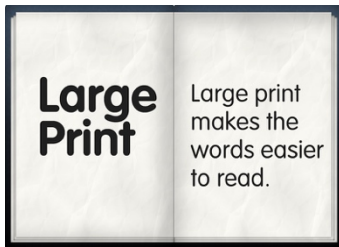
.....

.....

.....

.....

Do you have any accessibility needs?



Accessibility needs are things you need to be able to use something well for example:

- I need large print documents
- I need a New Zealand Sign Language interpreter
- I need to talk to people in a room with low glare lighting that is not too bright for me.

Please tick your accessibility needs on the next page.



No I do not have accessibility needs like this

Yes I have accessibility needs that I will tell you about here:

.....

.....

.....



Do you know your National Health Index number?



Your **National Health Index** number is used by health / disability services to make sure that you are who they think you are.

It is also called an **NHI number**.



You can find your NHI number on:

- a letter from your doctor
- a medicine prescription form
- the label of your medicine.



It is okay if you cannot find your NHI number because we can find it for you.



No I do not know my NHI number



Yes I know my NHI number and it is:

.....

Tell us how to contact you

Please fill out this part of the form so that we know how to contact you.



I want to be contacted by:

Phone



Email



A letter sent to me in the post



NZ Relay Service

In this way I will tell you about:

.....

.....



My email address is:

.....



My phone number is:

.....



*** My home address is:**

House / apartment number:

Street:

Suburb:

Town / city:

Postcode:



Tell us about your complaint



In this section you can tell us about your complaint.



Please tell us about the health / disability service providers you have a complaint about.



If you have lots of providers to tell us about there is a place to write more on **page 40**.



*** How many providers do you want to tell us about?**

.....

*** The name of the health / disability service provider my complaint is about is:**

.....

.....

What type of health / disability service provider are they?



Doctor

Nurse



Care home



Support worker

Residential disability service



There are more options on the next page.

Or the provider could be one of these:



Counsellor



Medical centre



Midwife



Hospital

Another type of provider which I will tell you about here:

.....

.....

.....

.....

.....

Please tell us about how you spent time with the provider.



* Are / were you their:

Patient / someone who got services from them



Employer / boss

Employee / staff member



Volunteer which means you worked for them for free



Contractor / someone who did work for them



Tangata whaiora / service user.

You might like to give us more information here:



I spent time with the provider in this other way I will tell you about here:

.....

.....

.....

.....

.....

.....

.....

.....

*** Please tell us the address of the health / disability service provider:**



Building / unit number:

Street:

Suburb:



Town / city:

Postcode:



**If you have other providers
you want to make a complaint
about please tell us their
names here:**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Tell us what happened



In this part of the form you can tell us more about what you want to make a complaint about.



You can also attach other documents to this form for us to look at.



*** Please tell us about what happened with as many details as you can:**

What happened?

.....

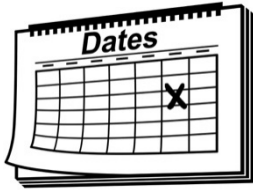
.....

.....

.....



Who did it happen to?



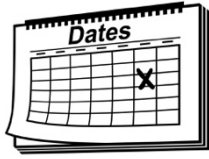
When did it happen including date / time?



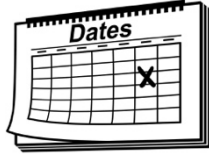
Where did it happen?



Who did it?



Did it happen more than 2 years ago?



Yes

No



If it happened more than 2 years ago please tell us why you could not complain straight away:

.....

.....

.....

.....

.....

.....

.....

Is there anything else you need to tell us about your complaint?



In this section you can tell us more information about your complaint.

Are there other people who we can ask questions about:



- **what happened**
- **you**
- **the health / disability service provider?**

Yes

No

**If there are other people we
can ask please tell us:**



- **their names**
- **how to contact them such
as a phone number / email
address.**

Name:

.....

Contact:

.....

Name:

.....

Contact:

.....



Please tell us about why you are making the complaint including:

- **how you want this complaint to make things better for you**
- **what you want to see happen after making this complaint.**

.....

.....

.....

.....

.....

.....

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.....

.....



Have you talked to the health / disability service provider to make this complaint to them?

Yes

No



If you have please tell us what happened:

.....

.....

.....

.....

.....

.....

.....



If you have any documents from when you made the complaint to the provider you can attach them to this form.



These documents could be:

- emails
- letters
- meeting notes.



If you have not made the complaint to them please tell us why not:

.....

.....

.....

.....



**Have you asked the
Nationwide Health and
Disability Advocacy Service to
assist you with this
complaint?**

Yes

No



**If you have please tell us what
happened:**

.....

.....

.....

.....

.....

.....

.....



If you have any documents from when the Advocacy Service assisted you please attach them to this form.



These documents could be:

- emails
- letters
- meeting notes.



If you have not asked the Advocacy Service for assistance please tell us why not:

.....

.....

.....

.....

Have you made this complaint to another place such as:



- **ACC**
- **the Human Rights Commission**
- **the Privacy Commissioner**
- **the Police?**



Yes

No



If you have please tell us what happened:

.....

.....

.....

How to send this form to us



You can send this form to us:

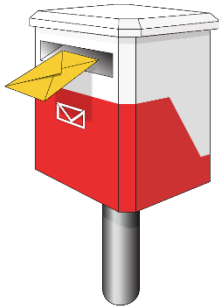
- in an envelope in the post
- as an electronic document by email.

Our postal address is:

Health & Disability Commissioner

PO Box 1791

Auckland 1140





Our email address is:

hdc@hdc.org.nz



If you use New Zealand Sign Language which is also called NZSL you can send in your complaint by video.



You can record an NZSL video and email it to us.

We will get your video translated.



Please email the video to this email address:

hdc@hdc.org.nz

You can also use the **Seeflow** service to contact us.



You can learn more about Seeflow at this **website**:

www.seeflow.co.nz

Where to find more information



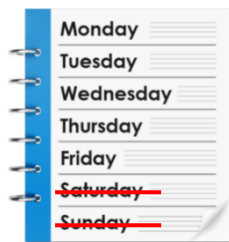
You can find more information about the HDC on our **website**:

www.hdc.org.nz



If you have any questions you can **phone** us on:

0800 11 22 33



This phone number is open:

- Monday to Friday
- 8 o'clock in the morning to 6 o'clock in the evening.





If you find it hard to use the phone
the **New Zealand Relay** service is for
people who are:

- Deaf / hard of hearing
- deafblind
- speech impaired / find it hard to talk.



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www.nzrelay.co.nz



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This information has been written by the Health & Disability Commissioner.

It has been translated into Easy Read by the Make it Easy Kia Māmā Mai service of People First New Zealand Ngā Tāngata Tuatahi.



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HEALTH & DISABILITY COMMISSIONER
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Published: December 2023