



Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

Making a complaint

This form is designed to help you make a complaint to the Health and Disability Commissioner about the quality of health or disability services provided to you or someone else.

Before filling in the form, you may wish to consider the alternative of seeking the assistance of a Health and Disability Consumer Advocate to help you resolve your complaint at a local level (tel 0800 555 050 or email advocacy@hdc.org.nz). If you have not already done so, you may also wish to consider taking your complaint directly to the health or disability service you are unhappy with.

If you decide to use this form, please check that you have answered all the questions marked with an asterisk, as we need this information to help us review your complaint.

HDC COMPLAINT FORM

Part A — About You

*Your details (The complainant)

Name:

Address:

Home Phone:

Business:

Mobile:

Fax:

Email:

If you are complaining on behalf of someone else, i.e., the person who received the health or disability service (the consumer), please supply the person's details as required over the page in **Part B — Consumer's Details**. Otherwise, if you are the person who received the service, go directly to **Part C — The Complaint**: