

Complaint and concern (notification)

Health Practitioner Regulation National Law (the National Law)

Please complete this form to make a complaint or raise a concern about a health practitioner or student:

- Aboriginal and Torres Strait Islander health practitioner
- Chinese medicine practitioner
- chiropractor
- dental hygienist
- dental prosthetist
- dental therapist
- dentist
- medical practitioner (doctor)
- medical radiation practitioner
- occupational therapist
- optometrist
- osteopath
- pharmacist
- physiotherapist
- podiatrist
- psychologist
- nurse or midwife

If you need assistance to complete this form, phone the Australian Health Practitioner Regulation Agency (AHPRA) on **1300 419 495** and ask to speak to a Notifications Officer.

Before you complete this form

The Board can only make a decision based on the information it has. For this reason it is important that you provide all the information you can about what happened, so the Board can make an informed decision about what to do next.

Under the law, the National Boards and AHPRA are not advocates for you or for practitioners. Our job is to find out what happened, to make a decision about whether the practitioner has failed to meet the required standards and to take any action needed to keep the public safe, and to stop the same thing happening again.

Completing this form

You can complete this form electronically or by printing and filling it out.

If printing and filling out:

- use a black or blue pen only.
- Print clearly in block letters.
- Place X in all applicable boxes.
- If required, attach additional pages with information that does not fit in the space provided.

You can lodge this completed form, along with any additional documents or information, by mail or email. Additional material that is of significant size or quantity should be mailed along with the completed form.

Privacy and confidentiality

The National Boards and AHPRA are committed to protecting your personal information in accordance with the Privacy Act 1988 (Cth). The ways the Boards and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this form, available at www.ahpra.gov.au/privacy.

We will not share your contact details with the practitioner or student named in your complaint or concern, or with clinical experts that we ask to help us manage the complaint or concern.

Importantly, we will share the details of your complaint or concern with the health practitioner or student named in your complaint or concern. We might also need to share these details with third parties, such as clinical experts that we need assistance from to assess or investigate your complaint or concern.

We may also share the details of your complaint or concern with the organisation that deals with health complaints in your state or territory. So that they can consider the complaint or concern, we may also share your personal details, including your contact details with them.

By signing this form, you confirm that you have read the collection statement. AHPRA's privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Boards, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

SECTION A: About your concerns

1. Where did the events happen that led to this notification or complaint?

- ☐ Australian Capital Territory
 ☐ Northern Territory
 ☐ South Australia
 ☐ Tasmania
 ☐ Victoria
 ☐ Western Australia
☐ New South Wales
 ☐ Queensland

Note: In New South Wales the Health Care Complaints Commission (HCCC) or the Health Professional Councils Authority (HPCA) manage complaints or concerns about registered health practitioners. If you complete this form about events that occurred in NSW, we will forward your complaint or concern to the HCCC or HPCA.

STOP! Unfortunately AHPRA is unable to handle your complaint.

All complaints about Queensland health practitioners are handled by the Office of the Health Ombudsman (OHO).

If you have a complaint about the health, conduct or performance of a registered health practitioner, call 133 646 (133 OHO) or visit their website www.oho.qld.gov.au for more information.

2. What do you hope to achieve by lodging this notification?

- ☐ An apology from the practitioner
 ☐ An explanation from the practitioner
 ☐ A refund

Note: Health complaints bodies in your states may be able to assist you to seek these outcomes to resolve your complaint. You can contact them directly, or AHPRA may refer your complaint to them to see if they can assist.

- ☐ Action to keep the public safe
 ☐ Disciplinary action
 ☐ Other - *specify:*

Note: When we look at notifications, we consider whether the practitioner has failed to meet the standards set by the Board; and consider what needs to happen to make sure that the practitioner is aware of what has gone wrong and learns from this, so the same problem doesn't happen again. The Boards also consider if they need to limit the practitioner's registration in some way to keep the public safe. AHPRA and National Boards cannot give you a detailed explanation of what happened to you.

We also do not have the power to:

- order a health practitioner to provide the treatment you want
- pay you compensation or order a health practitioner to pay you compensation or a refund
- order a health practitioner to give you access to your records
- make a health practitioner apologise to you, or
- assist you to bring legal proceedings against a health practitioner.

SECTION B: Your details**3. Is your notification (or complaint) about more than one health practitioner/student?**

- ☐ Yes - *Complete a separate complaint form for each health practitioner/student*
☐ No

4. What is your role in this notification?

- ☐ The patient
 ☐ Friend of the patient
 ☐ Relative of the patient
☐ Lawyer of the patient
 ☐ Education provider
 ☐ Employer of the health practitioner
☐ A health practitioner - *specify profession:*

If you are a colleague, please indicate your relationship to the health practitioner/student:

- ☐ Senior
 ☐ Peer
 ☐ Junior
☐ Other - *specify:*

5. What is your name and date of birth?

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other - *specify:*

Family (legal) name

First given name

Middle name(s)

Date of birth (dd/mm/yyyy)

6. What are your contact details?

Place an X next to your preferred contact phone number

Business hours

Mobile

After hours

Email

7. What is your mailing address?**Address/PO Box** (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)
City/suburb/town

State or territory

Specify international province:

Postcode

Country (if other than Australia)
8. Who is the health practitioner/student that this notification is about?**First given name**

Middle name(s)

Family (legal) name

Previous names known by (optional) (e.g. maiden name)
Profession/specialty (if known) (e.g. nurse, podiatrist)
Registration number (if known)

Place of employment (e.g. clinic, health service)**Site/building and/or position/department** (if applicable)
Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)
City/suburb/town

State or territory

Specify international province:

Postcode

Country (if other than Australia)
9. If we need to speak to you, will you require an interpreter?
☐ Yes - *specify language:*

☐ No
10. Are you making this notification on behalf of a patient?
☐ Yes - *go to the next question*
☐ No - *go to SECTION C (question 16)*

SECTION B: About the patient

11. Do you have the patient's consent or knowledge?

☐ Yes

☐ No - *You may still make a notification without the patient's consent or knowledge. It is preferable, however, for you to inform the patient of your actions and request the patient to **complete Consent authorisation form A**, attached to this form.*

12. What is the patient's name and date of birth?

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other - *specify:*

Family (legal) name

First given name

Middle name(s)

Date of birth (dd/mm/yyyy)

13. What are the patient's contact details?

Place an X their to their preferred contact phone number

Business hours

Mobile

After hours

Email

14. What is the patient's address?

Site/building and/or position/department (if applicable)

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/suburb/town

State or territory

Specify international province:

Postcode

Country (if other than Australia)

15. If we need to speak to the patient, will they require an interpreter?

☐ Yes - *specify language:*

☐ No

SECTION C: Mandatory notifications

Complete this section if you are a health practitioner, employer or education provider and need to make a mandatory notification.

16. Are you a health practitioner, employer or education provider?

- ☐ Health practitioner
- ☐ Employer
- ☐ Education provider
- ☐ None of the above - **go to SECTION D (question 19)**

Only health practitioners, employers or education providers can make mandatory notifications. If you have selected 'None of the above' please leave the rest of this section blank and go to Section D (Question 19).

17. Are you reporting notifiable conduct about a health practitioner or a student?

Notifiable conduct in relation to a registered health practitioner means the practitioner has:

- practised the practitioner's profession while intoxicated by alcohol or drugs; or
- engaged in sexual misconduct in connection with the practice of the practitioner's profession; or
- placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or
- placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

☐ Yes - **specify details below:**

☐ No - **go to SECTION D (question 19)**

☐ Health practitioner

I have formed the reasonable belief that the practitioner has behaved in a way that constitutes notifiable conduct as he/she has (**please select**):

- ☐ practised the practitioner's profession while intoxicated by alcohol or drugs
- ☐ engaged in sexual misconduct in connection with the practice of the practitioner's profession
- ☐ placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment, or
- ☐ placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

☐ Student

I have formed the reasonable belief that the student this notification is about has an impairment, that in the course of the student undertaking clinical training may place the public at substantial risk of harm.

18. How did the conduct come to your attention?

- ☐ Directly observed by me (e.g. as part of care team)
- ☐ Disclosed to me by the person this notification is about
- ☐ Other - **specify below:**
- ☐ Via another person/word of mouth
- ☐ Record review, audit
- ☐ Via patient(s)

SECTION D: Your description of what happened and/or your concerns

19. On or between which date(s) did the conduct take place?

Estimated start date

Estimated end date

20. Where did the event(s) take place?

Mark all applicable

- ☐ Hospital - inpatient
- ☐ Hospital - outpatient
- ☐ Other - **specify:**
- ☐ Practitioner's office/consulting rooms
- ☐ Primary care facility
- ☐ Patient's home
- ☐ Pharmacy

21. How many patients were affected by the conduct?☐ Don't know☐ 0☐ 1☐ 2 or more - **specify number of patients:** **22. Were any patients harmed by the conduct?**

Mark all applicable

☐ Don't know☐ Minor psychological or emotional harm☐ No harm☐ Significant or major psychological or emotional harm☐ Latent or potential harm (e.g. exposed to radiation, risk of infection)☐ Minor physical harm☐ Drug dependency☐ Significant or major physical harm☐ Other - **specify below:**☐ Death**23. Please describe what happened**

Please describe what happened or what you are concerned about, including the place, date and time the events occurred. Where appropriate, please include details of the type of treatment involved, names and contact details of any witnesses.

*If more space is required, attach additional sheets with **your name** clearly marked on each page*

24. Do you have supporting documentation (such as reports from other health practitioners or evidence of medication dispensed) from the event(s)?☐ Yes☐ No

Additional documents or information can be lodged with your notification via email to:

Additional material that is of significant size or quantity, or unable to be stored electronically should be mailed along with the completed form to:

AHPRA
GPO Box 9958
IN YOUR CAPITAL CITY
(refer right)

Adelaide SA 5001	Hobart Tas 7001
Brisbane Qld 4001	Melbourne Vic 3001
Canberra ACT 2601	Perth WA 6001
Darwin NT 0801	Sydney NSW 2001

Please ensure that you attach any other relevant information that you have, including photographs, reports, test results or retained medication to your notification so the Board can consider it.

25. Have you discussed your concerns directly with the health practitioner/student?

☐ Yes - **provide details of the results of your discussion below:** ☐ No

26. Have you made a complaint to another organisation about this matter?

☐ Yes - **provide the name of the organisation and the date below:** ☐ No

Name of organisation

Date you lodged complaint

SECTION E: Authorisation**Notifier's declaration - to be completed by the notifier**

Make sure that you have answered all of the relevant questions correctly.

An incomplete form may delay processing and you may be asked to complete a new form.

- I ask that AHPRA consider the issues described in this notification form.
- I am aware that AHPRA may send this form and attachments to the health practitioner/student concerned.
- I confirm that I have read the privacy and confidentiality statement for this form.

☐ **By checking this box you acknowledge that you have read, understand and accept the statements above.**

Signature

Date

27. Are you the patient?

☐ Yes. I am the patient

*Please **complete the consent authorisation A***

☐ No. I am the patient-nominated representative

*If the patient is able to provide consent and wants you to represent him/her, please ask the patient to **complete the consent authorisation B***

☐ No. I am the legal representative of a patient without capacity

*If you are the legal representative of the patient who is without the capacity to make decisions, or is deceased, please attach evidence of your position as the legal representative of the patient and **complete the consent authorisation C***

Consent authorisation form A

If you are the patient, please complete this form.

I, _____ born on the _____ day of the _____ month _____

hereby consent for the Australian Health Practitioner Regulation Agency (AHPRA) and the relevant health practitioner Board, as defined under the Health Practitioner Regulation National Law (the National Law), to be authorised to:

1. access information, including my health records, related to the notification to the Board
2. provide my health records and other relevant information to the practitioner who is the subject of the notification in order to obtain a response
3. provide my health records and other relevant information to another entity if the Board decides to refer the matter to another entity under the National Law, and
4. provide my health records and other relevant information to any necessary experts in order to obtain independent opinions in relation to the notification and associated issues.

Print your name

☐

By checking this box you, the patient, acknowledge that you have read, understand and accept the statements above.

Date

Signature

Consent authorisation form B

If you are the patient and you want the person nominated below to represent you, please sign and complete this form.

I, _____ born on the _____ day of the _____ month _____

1. appoint the person nominated below as my representative to lodge this notification on my behalf
2. authorise the Australian Health Practitioner Regulation Agency (AHPRA) to release my health records, if required, related to the notification to my representative
3. authorise AHPRA to address all correspondence relating to the notification to my representative and to release any information relating to the notification to my representative
4. hereby consent for AHPRA and the relevant health practitioner Board, as defined under the Health Practitioner Regulation National Law (the National Law), to be authorised to:
 - access information, including my health records, related to the notification to the Board
 - provide my health records and other relevant information to the practitioner who is the subject of the notification in order to obtain a response
 - provide my health records and other relevant information to another entity if the Board decides to refer the matter to another entity under the National Law, and
 - provide my health records and other relevant information to any necessary experts in order to obtain independent opinions in relation to the notification and associated issues.

Name of patient

☐ By checking this box you, the patient, acknowledge that you have read, understand and accept the statements above.

Date

Signature

Name of representative

☐ By checking this box you, the representative, acknowledge that you have read, understand and accept the statements above.

Date

Signature

Notifications number
OFFICE USE ONLY

NOTF-00

Effective from: 30 November 2016

Consent authorisation form C

If you are the patient's legal representative because the patient does not have the capacity to make decisions, or the patient is deceased, please sign and complete this form.

I, _____ born on the _____ day of the _____ month _____
am the representative of _____

and hereby consent for the Australian Health Practitioner Regulation Agency (AHPRA) and the relevant health practitioner Board, as defined under the Health Practitioner Regulation National Law (the National Law), to be authorised to:

1. access information, including the patient's health records, related to the notification
2. provide the patient's health records and other relevant information to the practitioner who is the subject of the notification in order to obtain a response
3. provide the patient's records and other relevant information to another entity if the Board decides to refer the matter to another entity under the National Law, and
4. provide the patient's records and other relevant information to any necessary experts in order to obtain independent opinions in relation to the notification and associated issues.

Where the patient does not have the capacity to sign, or where a patient is deceased, please attach evidence of your position as the authorised legal representative of the patient.

Print your name

☐ **By checking this box you, the representative, acknowledge that you have read, understand and accept the statements above.**

Date

Signature



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

Australian Health Practitioner Regulation Agency

Are you ready to submit your notification?

**If you have completed all relevant sections of this form, you can send it to your local AHPRA office.
Make sure that you attach all other relevant information you want AHPRA and the Board to consider.**

Email to:

- OR -

Post to:

AHPRA
GPO Box 9958
IN YOUR CAPITAL CITY
(refer right)

Adelaide SA 5001
Brisbane Qld 4001
Canberra ACT 2601
Darwin NT 0801

Hobart Tas 7001
Melbourne Vic 3001
Perth WA 6001
Sydney NSW 2001

Notifications number
OFFICE USE ONLY

NOTF-00

Effective from: 30 November 2016