

# Complaint Form A

(Complaint by a consumer)

ACT AMBULANCE SERVICE  
ACT EMERGENCY SERVICES AGENCY



*I wish to lodge a complaint with the Chief Officer of the ACT Ambulance Service*

## PERSONAL DETAILS

*My personal details are*

Mr/Mrs/Ms (other)..... First name ..... Last name .....

Address.....

.....Postcode.....

Date of Birth ..... / ..... / .....

Telephone (business hours) ..... (after hours).....

(alternative ph. no.).....

E-mail address ..... Facsimile .....

*My preferred language is*.....

*I wish* to be identified as a person – of Aboriginal descent ☐  
– of Torres Strait Islander descent ☐

*The best way to contact me is*.....

## SERVICE DETAILS

*My complaint relates to the level of service from the area of*

Administration ☐

Response Time of Ambulance ☐

Accounts ☐

General level of service ☐

Communications ☐

Other ☐

Clinical Treatment ☐

\* Please select the area you consider that your complaint relates to

*On* (date if known)\* .....

\* The Chief Officer cannot accept a complaint about a problem that became apparent more than 1 year ago, unless special circumstances apply.



<b>COMPLAINT</b>
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*This is what happened \**

- \* Please include information about what led up to the complaint, what happened and who was involved.
- \* If there is not enough space to describe your complaint attach extra paper.
- \* Please attach any relevant documents.

Handwriting practice area with 20 sets of three horizontal lines (top, middle, and bottom lines) for writing practice.



## COMPLAINT SUMMARY

*My main concerns are*

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## OBJECTIVES

*I would like these things addressed*

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## ACTION ALREADY TAKEN

*A complaint has been lodged with another organisation \**

☐ YES

☐ NO

*\* If yes, please give details*

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## AUTHORISATIONS

**I** ..... **authorise** the Chief Officer to obtain information  
(insert full name of the person lodging the complaint)  
and health records relevant to this complaint.

***I understand that***

- the Chief Officer may release a copy of my complaint to a member of the ACTAS for the purposes of obtaining all information relevant to my complaint; and
- the Chief Officer may release to the investigating member and other people dealing with this complaint, a copy of my complaint, health records or other personal information; \*

**Signature**..... **Date** ..... / ..... / .....

\* If you have any concerns about this, please specify –

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***Please forward the completed form to:***

**Chief Officer**  
ACT Ambulance Service  
GPO Box 158  
CANBERRA ACT 2601

Email [Ambulance@act.gov.au](mailto:Ambulance@act.gov.au)



