

# Complaint Form B

(complaint on behalf of another person)

ACT AMBULANCE SERVICE  
ACT EMERGENCY SERVICES AGENCY



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

## CONSUMER DETAILS

*The person who received the service was*

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

Address.....

.....Postcode.....

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

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

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

Email address ..... Facsimile .....

*The consumer's* preferred language is .....

*The consumer* wishes to be identified as a person – of Aboriginal descent

– of Torres Strait Islander descent

## SERVICE DETAILS

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.



**DETAILS OF THE PERSON MAKING THE COMPLAINT**

**My personal details are**

Mr/Mrs/Ms (other)..... First name .....Last name .....  
Address.....  
.....Postcode.....  
Telephone (business hours) ..... (after hours).....  
..... (alternative ph. no.).....  
Email address ..... Facsimile .....

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

**The complainant's** preferred language is .....

*The Complaints Act specifies who is allowed to make a complaint to the Chief Officer. Please select the appropriate box and then fill out one Section - A, B, C or D - and provide the information requested on pages 3 and 4.*

**I am**

- A person appointed by the consumer to make the complaint.....*Please fill out section A on this page only*
- A guardian or other person with the legal authority to act on the consumer's behalf.....*Please fill out section B on page 5 only*
- A parent of a child under eighteen.....*Please fill out section C on page 5 only*
- None of the above.....*Please fill out section D on page 7 only*

**SECTION A: PERSON APPOINTED BY THE CONSUMER**

**I appoint** ..... to make a complaint on my behalf.  
*(insert full name of the person lodging the complaint)*

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

**Signature of person who received the service** ..... **Date** ..... / ..... / .....

**I understand that**

- the Chief Officer may release to the service provider and other people dealing with this complaint a copy of my complaint, health records or other personal information; \*
- service providers may share relevant information with their professional indemnity insurers or legal advisers; and \*
- the Chief Officer may release to a relevant health professions board a copy of my complaint or other personal information.\*

**Signature of person lodging the complaint** ..... **Date** ..... / ..... / .....

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

.....  
.....





**COMPLAINT SUMMARY**

*The main concerns are*

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**OBJECTIVES**

*I would like these things to happen*

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**ACTION ALREADY TAKEN**

*The service provider was approached about this complaint \**     YES     NO

*\* If yes, what was the outcome?*

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*A complaint has been lodged with another organisation \**     YES     NO

*\* If yes, please give details*

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**SECTION B: LEGALLY APPOINTED REPRESENTATIVE**

***I act on behalf of the consumer because***

- I am a Guardian appointed by a Guardianship Board or a Court
  - I have power of attorney
  - I am the Executor or Administrator of the estate
- and**
- I have enclosed documentary evidence of my authority.

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

***I understand that***

- the Chief Officer may release to the service provider and other people dealing with this complaint, a copy of my complaint, health records or other personal information; \*
- service providers may share relevant information with their professional indemnity insurers or legal advisers; and\*
- the Chief Officer may release to a relevant health professions board a copy of my complaint or other personal information.\*

**Signature of person lodging the complaint** ..... **Date** ..... / ..... / .....

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

.....  
 .....

**SECTION C: PARENT OF A CHILD UNDER EIGHTEEN**

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

***I understand that***

- the Chief Officer may release to the service provider and other people dealing with this complaint, a copy of my complaint, health records or other personal information; \*
- service providers may share relevant information with their professional indemnity insurers or legal advisers; and\*
- the Chief Officer may release to a relevant health professions board a copy of my complaint or other personal information.\*

**Signature of parent** ..... **Date** ..... / ..... / .....

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

.....  
 .....





**SECTION D: PERSON APPOINTED BY THE CHIEF OFFICER**

*I* ..... **request** that the Chief Officer accept this  
(insert full name of the person lodging the complaint)  
complaint from me because .....

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.....

***I understand that***

- the Chief Officer may obtain information and health records relevant to this complaint; \*
- the Chief Officer may release to the service provider and other people dealing with this complaint, a copy of my complaint, health records or other personal information; \*
- service providers may share relevant information with their professional indemnity insurers or legal advisers; and \*
- the Chief Officer may release to a relevant health professions board a copy of my complaint or other personal information.\*

**Signature of person lodging the complaint** ..... **Date** ..... / ..... / .....

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

.....

.....

***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)



