

# Compliment Form B

(Compliment on behalf of another person)

ACT AMBULANCE SERVICE  
ACT EMERGENCY SERVICES AGENCY



*I wish to submit a compliment 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

**My compliment 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 compliment relates to

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

\* The Chief Officer cannot accept a compliment about a problem that became apparent prior to 2004.



## DETAILS OF THE PERSON MAKING THE COMPLIMENT

### *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 .....

### *I am*

- ☐ A person appointed by the consumer to make the compliment.....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 4 only
- ☐ A parent of a child under eighteen .....Please fill out section C on page 4 only
- ☐ None of the above.....Please fill out section D on page 5 only

## SECTION A: PERSON APPOINTED BY THE CONSUMER

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

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

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

### *I understand that*

- the Chief Officer will release to the administrator and other people dealing with this compliment a copy of my compliment, health records or other personal information; \*
- the Chief Officer may release to the administrator a copy of my compliment or other personal information.\*

Signature of person lodging the compliment ..... Date ..... / ..... / .....

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

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COMPLIMENT
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*This is what happened \**

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

[illegible]

## 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 compliment)  
and health records relevant to this compliment 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 compliment, a copy of my compliment, 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 compliment or other personal information. \*

Signature of person lodging the compliment ..... Date ..... / ..... / .....

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

.....

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## SECTION C: PARENT OF A CHILD UNDER EIGHTEEN

**I** ..... **authorise** the Chief Officer to obtain information  
(insert full name of the person lodging the compliment)  
and health records relevant to this compliment 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 compliment, a copy of my compliment, 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 compliment or other personal information. \*

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

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

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<b>SECTION D: PERSON APPOINTED BY THE CHIEF OFFICER</b>	
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compliment from me because .....

*I understand that*

- the Chief Officer may obtain information and health records relevant to this compliment; \*
- the Chief Officer may release to the administrator and other people dealing with this compliment, a copy of my compliment, health records or other personal information; \*
- the Chief Officer may release to the administrator a copy of my compliment or other personal information.\*

**Signature of person lodging the compliment** ..... **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)

