



## CLIENT COMPLAINT FORM

---

Please complete the below form to lodge a complaint regarding an unsatisfactory service provided by Occupational Therapy Services Group.

**1. Who is your complaint about?**

Employee Name (If known): \_\_\_\_\_

Area of service provided:	<input type="checkbox"/> DVA	<input type="checkbox"/> Driving	<input type="checkbox"/> NDIS	<input type="checkbox"/> Other (Please specify)
---------------------------	------------------------------	----------------------------------	-------------------------------	---

Date/s service was provided: \_\_\_\_\_

**2. Client details:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

*If you wish to make a complaint on behalf of another person, the individual must sign the authorization statement below giving consent for the specified person to act on their behalf.*

**3. Complainant details (if applicable):**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship to Individual: \_\_\_\_\_

I \_\_\_\_\_ Give consent for \_\_\_\_\_ to  
Act on my behalf.

\_\_\_\_\_  
*Signature of Client*

**4. Your complaint:**

*Please specify below, in as much details as possible, the details of your complaint including **what happened, who was involved, where it occurred, and what your main concern(s) are.***

---

---

---

---

---

---

---

---

---

---

**5. Do you wish to be contacted by Occupational Therapy Services in relation to your complaint? If so by:**

- I would like a written response from the appropriate parties       I would like a phone call from the appropriate parties       I do not require a response

**6. Please specify what outcome you would like to result from this complaint:**

- Immediate response with solution and/or further explanation       I do not require any personal response regarding future actions

**7. Further Action**

If you are unsatisfied with the outcome of your complaint and wish to take it further please see the following contacts:

- The Health and Disability Services Complaints Office's (HaDSCO)  
Contact details: **(08) 6551 7600** or **1800 813 583**  
Website: <https://www.hadsko.wa.gov.au/complaints/>
- The Australian Health Practitioner Regulation Agency (AHPRA)  
Contact details: **1300 419 495**  
Website: <https://www.ahpra.gov.au/Notifications/Make-a-complaint.aspx>