

# Complaint Form

(Complaint by a patient)

ACT AMBULANCE SERVICE  
ACT EMERGENCY SERVICES AGENCY



**Please return completed form to;**  
ACT Ambulance Service  
Consumer Engagement & Liaison Officer  
GPO Box 158  
Canberra ACT 2601

## Personal details

Mr/Mrs/Ms (other): \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Phone (business hours): \_\_\_\_\_ Phone (after hours): \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Preferred method of contact: \_\_\_\_\_  
My preferred language is \_\_\_\_\_

## My complaint relates to

If your complaint relates to an ambulance account, please contact Shared Service Ambulance Finance on (02) 6207 9990

Administration	<input type="checkbox"/>	Response Time of Ambulance	<input type="checkbox"/>
Communications	<input type="checkbox"/>	General level of service	<input type="checkbox"/>
Clinical Treatment	<input type="checkbox"/>	Other	<input type="checkbox"/>

What was the date that your complaint relates to? \_\_\_\_\_

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



**Please provide the details of your complaint**

- 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.

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**Please summarise your main concerns**

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**What outcomes are you seeking from the ACT Ambulance Service**

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**Action already taken**

Has a complaint been lodged with another organisation?  Yes  No

*If yes, please provide details*

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**Authorisation**

I understand that;

- the Chief Officer and/or their delegate may release a copy of my complaint to a member of the ACT Ambulance Service for the purposes of obtaining information relevant to my complaint; and
- the Chief Officer and/or their delegate may release a copy of my complaint, my health records and/or other personal information to the investigating member and other people involved with this complaint.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

