

# **SALISBURY HEALTH CENTRE**

**Telephone 366 3391  
47 Salisbury Street  
PO Box 25-115  
Christchurch  
Fax: 03-366 1390**

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**DRAFT**

## **Complaints procedure**

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### **1.English a problem?**

We can get a translator free of charge to help you talk with us. The translators can work over the phone. We can call them anytime. So please tell us.

### **2. Who to approach**

The Practice manager is the main point of contact for any comment or concern you may have, including any issues relating to your rights under the Code of Health and Disabilities, (pamphlets are at the counter) your privacy, or health and safety concerns about our premises and environs.

### 3. How to make the complaint

There is a complaints form (attached) but you do not have to use it if you prefer to communicate the complaint to us in a different way. We do not require or expect people with issues that may relate to these areas to be experts in the legislation or to do things formally. Any approach or question will be listened to and acted on. We also have a suggestion box at the counter for any comment or advice you would like to offer, and this can be done anonymously. We welcome your feedback.

### 4. Independent advocates available

We appreciate it may be difficult to complain. Please note that independent advocates are provided under the Health and Disability Commissioner Act 1994.

### 5. Complaints may be made to the Health and Disability Commissioner

Please also note that you may also complain to The Health and Disability Commissioner at any stage. Contact details:

**Health and Disability Commissioner National  
Freephone: 0800 11 22 33**

***Auckland Office:***

*Level 10 Tower Centre  
45 Queen St  
PO Box 1791  
Auckland  
New Zealand*

***Phone: 09 373 1060***

***Fax: 09 373 1061***

***Wellington Office:***

*Level 13 Vogel Building  
Aitken Street  
PO Box 12 299  
Wellington  
New Zealand*

***Phone: 04 494 7900***

***Fax: 04 494 7901***

***E-mail: [hdc@hdc.org.nz](mailto:hdc@hdc.org.nz)***

The Health and Disability Commissioners "Consumer Guide" and HDC Consumer Advocacy Service pamphlets, if not attached to this document, are available in our collection of pamphlets in the waiting room, or any staff member can give you a copy.

### 6. What we do in response to any complaint

Any incident, including a complaint, received by any staff member in any form, must be reported to the Practice Manager AND copied to an SHC Director GP either in person using the SHC Incident Report Form, or with the same information by email or by the staff messaging system in our computerised patient management system. *Page 2 of 5*

The staff member making the report is responsible for following up with the practice manager or an owner in person if they receive no acknowledgment or follow up within a reasonable length of time. This may be hours or days depending on the seriousness of the complaint/ incident. You may meet with me at any stage. Copies of all related correspondence will be kept in a complaints file.

## 7. How long it takes for us to resolve your complaint

As soon as possible I will write back to you about the status of your complaint, and/or the outcome. I will acknowledge, and make every reasonable effort to try to resolve the complaint within five days, and in all cases as quickly and simply as possible. Within a maximum of 10 working days of Salisbury Health Centre having acknowledged a complaint, I will advise whether I consider:

1. the complaint is justified, or
2. I do not accept that the complaint is justified, or
3. I need more time to investigate the complaint. I will then inform the consumer of my decision and supply the reasons for that decision and any actions we propose to take.

## 8. Appeals

You may appeal the outcome of any complaint, in which case we will assist you to find the available independent advocates to choose from, and will also involve an independent GP in reviewing the decision with you and your advocate.

Quentin Conway

Complaints Officer and Practice Manager, Salisbury Health Centre

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**DRAFT**

## **Complaint Form page 1 of 2**

**Name of consumer:**

.....

**Name of the person making the complaint (if not the consumer):**

.....

**Relationship to the consumer:**

.....

**Contact address:**

.....  
.....  
.....

**Phone (home) .....(work).....(mobile).....**

**Fax.....email.....**

**Name of provider/person you want to complain about:**

.....

# **SALISBURY HEALTH CENTRE**

## **Complaint Form page 2 of 2**

**Name of the service or treatment( e.g. consult with GP or nurse, reception):**

.....

**Describe what happened** (attach extra pages if needed)

.....  
.....  
.....

**Desired outcome** (what you want to happen as a result of this complaint)

.....  
.....  
.....

**Date this happened**.....**Signature**.....