



Complaint form

Aboriginal and Torres Strait Islander Health Practice Board of Australia
 Chinese Medicine Board of Australia
 Chiropractic Board of Australia
 Dental Board of Australia

Medical Board of Australia
 Medical Radiation Practice Board of Australia
 Nursing and Midwifery Board of Australia
 Occupational Therapy Board of Australia
 Optometry Board of Australia

Osteopathy Board of Australia
 Pharmacy Board of Australia
 Physiotherapy Board of Australia
 Podiatry Board of Australia
 Psychology Board of Australia

Use this form if you wish to make a complaint about:

- decisions by the Australian Health Practitioner Regulation Agency (AHPRA), a Board or Committee (except the outcome of a notification about a practitioner or the application of a National Standard in relation to a practitioner), and
- the behavior of an AHPRA staff member or a Board or Committee member.



This form does not cover matters such as notifications concerning health practitioners. A notification about a health practitioner can be made by following the *Make a notification* link on the AHPRA website www.ahpra.gov.au

A complaint may be made about AHPRA or a Board's process in managing the notification. However, a complaint cannot be made about the outcome of a notification.

Privacy and confidentiality

The Board and AHPRA are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.

By signing this form, you confirm that you have read the collection statement. AHPRA's privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

Symbols in this form



Additional information

Provides specific information about a question or section of the form.



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to AHPRA.
- Use a **black or blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes: **X**
- **DO NOT send original documents unless specified.**



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

Send the completed form and required attachments to:

SECTION A: Personal details

1. What are your details?

Title

MR MRS MISS MS DR OTHER

Name

Mailing address

City/Suburb/Town

State/Territory (e.g. VIC, ACT)

Postcode

Contact phone number during business hours

Mobile number

Email



SECTION B: Complaint details

2. My complaint is about:

Please specify one

AHPRA

A National Board (Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Dental, Medical, Medical Radiation Practice, Nursing and Midwifery, Occupational Therapy, Optometry, Osteopathy, Pharmacy, Physiotherapy, Podiatry, Psychology)

AHPRA's Agency Management Committee

Individual(s) involved (if known):

3. Please describe the issue which is of concern to you.



We need to know:

- what happened
- when it happened (include dates)
- who did it (include names of individuals involved)
- how and when you found out about it,
- any other relevant details including any information or evidence to support your complaint.

Provide details

You **must** provide copies (not the original) of any documents that may help us to investigate your complaint e.g. any correspondence or records of conversations.

You **must** attach a separate sheet if the details do not fit in the space provided.

4. How would you like to see your complaint resolved?

Provide details

SECTION C: Signature

<p>Name</p> <div style="border: 1px solid #ccc; height: 20px; width: 95%;"></div> <p>Date</p> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid #ccc; width: 20px; text-align: center;">DD</div> / <div style="border: 1px solid #ccc; width: 20px; text-align: center;">MM</div> / <div style="border: 1px solid #ccc; width: 40px; text-align: center;">YYYY</div> </div>	<p>Signature</p> <div style="border: 1px solid #ccc; padding: 10px; display: flex; align-items: center;"> SIGN HERE </div>
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