

CONCERNS ABOUT A HEALTH SERVICE

PLEASE READ THIS PAGE BEFORE COMPLETING THIS FORM

The role of the Coroners Court of Victoria

The Coroners Court of Victoria plays an important role in the independent investigation of deaths for the purpose of finding:

- the causes of those deaths
- to contribute to the reduction in the number of preventable deaths
- the promotion of public health and safety and the administration of justice.

A coronial investigation into a death is not conducted in the same adversarial manner as a criminal or civil trial. The primary objective of a coroner is to determine the identity of the person who has died, the cause of death and, in some cases, the circumstances relating to the death. A coroner may make recommendations to reduce the likelihood of another death occurring in similar circumstances. It is not a coroner's role to apportion blame, examine issues of discourteous behaviour, or reprimand clinicians.

Therefore, in some cases your concerns may fall outside the scope of what a coroner can consider.

If a complaint or concern relates to the care provided by a health service your **first step** should be to approach the health service provider. Some larger health services, like hospitals, may have a Consumer Advocate (sometimes referred to as a Patient Relation Manager or Patient Representative) who will discuss and investigate your concerns. Other organisations and agencies that can provide free assistance are listed below.

Other organisations and agencies that may be better able to assist

The Office of the Health Services Commissioner

The Office of the Health Services Commissioner (HSC) is an independent statutory authority established to receive and resolve complaints and concerns about health service providers including nurses, medical practitioners (doctors), specialists, hospitals – who have either:

- failed to provide satisfactory care
- denied respect, dignity or privacy
- has been unprofessional.

The HSC is able to facilitate a number of possible outcomes including an explanation of what happened, an opportunity to discuss your concerns in a face-to-face meeting, an apology, provision of remedial treatment, and/or payment of compensation.

T 1800 136 066 30/5

30/570 Bourke Street, Melbourne, VIC 3000

www.health.vic.gov.au/hsc

Australian Health Practitioner Regulation Agency

The Australian Health Practitioner Regulation Agency (AHPRA) is a national body that receives complaints and concerns about the professional conduct, health or performance of chiropractors, dental practitioners, medical practitioners (doctors), nurses and midwives, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists, and psychologists.

T 1300 419 495

Level 8, 111 Bourke Street, Melbourne, VIC 3000

www.ahpra.gov.au

Aged Care Complaints Investigation Scheme (Department of Health & Ageing)

The Aged Care Complaints Investigation Scheme (a division of the Office of Aged Care Quality and Compliance) investigates complaints and concerns raised about the health, safety and/or well-being of people receiving aged care services. The concern may be about anything regarding the care and services provided to aged care recipients, including the care provided, catering, financial matters, hygiene, equipment, security, activities, choice, comfort and safety.

T 1800 550 552

GPO Box 9848, Melbourne, VIC 3001

www.agedcareaustralia.gov.au

CONCERNS ABOUT A HEALTH SERVICE

This form can be completed manually or electronically, and then signed before mailing or faxing it to the relevant Coroners Court.

ABOUT YOU							
Full name:							
Address:							
Address.	Colbonibo					Chahai	Danta da
C - 11 - 1 - 1 - 11 - 11 - 11 - 11 - 11	Suburb:					State:	Postcode:
Contact number(s):							
Relationship to the deceased person:							
·							
DETAILS OF THE PERSON	WHO HAS	S DIED					
Given name:	Last name:						
Court Reference No. (if known):	/				·		
Date of birth:	/	/	(if know	'n)	Age:		
Date of death (if known):	/	/					
	I						
DETAILS OF THE HEALTH	SERVICE						
Name of person:							
Name of health organisation:							
Profession / Speciality:							
Address:							
	Suburb:					State:	Postcode:
Contact number:						•	
Have you previously contacted the person/organisation to attempt to discuss your concerns?							
☐ Yes ☐ No							
[If yes, please give details	here]						
Have you notified another	agency a	bout vour c	oncerns?				
☐ Yes ☐ No							
[If yes, please give details	here]						

What outcome are you seeking from the Coroners Court of Victoria by raising your concerns?						
[Please give details here]						
SUMMARY OF CONCERNS						
Please list your concerns in order from earliest to most recent (including dates where possible). If relevant, include						
photocopies of any documents in relation to your concerns.						
[Please give details here]						
Signature:						
Signature: Date: / /						