



COMPLAINTS FORM

Hearing practitioners (audiologists and audiometrists)

The Hearing Professional Conduct and Complaints Body Ltd (HPCCB) and Ethics Officer are responsible for managing complaints against audiologist and audiometrist members of Audiology Australia (AudA) and the Australian College of Audiology (ACAud) Inc. HAASA. The HPCCB cannot handle complaints against people who are not a member of one of these bodies. If you are not sure if the person you are making a complaint against is a member you can still complete the form. The Ethics Officer will begin by investigating if they are a member.

The HPCCB Complaints Management and Resolution Procedure by-law describes how complaints are handled. It is available at <https://hpccb.org.au/about/>

Please contact the Ethics Officer if you have any questions regarding how to make a complaint, how your complaint will be handled, or if you need assistance in completing this form by emailing ethicsofficer@hpccb.org.au or calling 0475 245 635.

Section 1: Your details (Complainant)	
First name:	
Surname:	
Preferred contact method(s):	Phone Mobile Email Post
Phone number:	
Mobile number:	
Email address or postal address if no access to email:	
Communication requirements	<i>Please specify any communication requirements you have, e.g. need an interpreter, require a closed captioning service for phone calls:</i>
Section 2: Details of subject of complaint (Respondent)	
Name of practitioner:	
Name of company/institution/clinic:	
Relationship to practitioner (if any):	
Has a complaint of the same matter been made to another party (practitioner's employer), Hearing Services Program, other?	No <i>Yes, if Yes, please specify the other party or parties you have made the complaint to:</i>

Section 3: Who received the services this complaint relates to

If you are a healthcare professional and making this complaint about services provided to another person, please carefully read and consider this information before proceeding.

If you are a member of Audiology Australia, the Australian College of Audiology (ACAud) Inc. HAASA, or another healthcare practitioner and a client/patient has told you details that have led to you considering making a complaint, you must:

- *Remain neutral and professional when listening to the client’s concerns/complaint about another healthcare practitioner.*
- **Never** *offer your opinion on the other healthcare practitioner’s conduct or the services they provided.*
- *Encourage the client to contact the relevant organisation(s) themselves and discuss further whether or not they would like to make a formal complaint.*
- *Provide a copy of the Summary of the Code of Conduct for audiologists and audiometrists to the client.*
- *Encourage the client to contact the Ethics Officer by emailing ethicsofficer@hpccb.org.au or calling 0475 245 635..*

This is an example of how you could respond professionally and ethically to a client who is telling you about concerns/complaints regarding another healthcare practitioner:

“I am sorry to hear that you weren’t satisfied with the hearing services you have received before. I can give you an email and phone number of someone who you can speak to you more about your experience and support you if you want to make a formal complaint.”

The Ethics Officer can talk through the client’s concerns/complaints with them and support them in making a formal complaint. The Ethics Officer can:

- *answer questions about the Code of Conduct,*
- *answer questions regarding how to make a complaint,*
- *answer questions about how their complaint will be handled, and*
- *provide assistance completing this form.*

In exceptional circumstances, it may be appropriate/necessary for you to make the complaint on the client’s behalf.

Depending on the nature of the complaint and the parties involved, the HPCCB may have limited ability to investigate the complaint without the consent of the person who received the services to make a complaint on their behalf.

<p>Are you the person who received the services this complaint is about?</p>	<p>No <i>If Yes, please skip to Section 5: Consent to access healthcare information and notify respondent about complaint</i></p> <p>Yes</p>
<p>Do you have the consent of the person who received the services to make this complaint on their behalf?</p>	<p>No</p> <p>Yes</p>

Section 4: Client details <i>To be completed only if the person who received the service is different to the complainant.</i> <i>The client must also sign Section 5.</i>	
What is the person's relationship to you?	
First name:	
Surname:	
Preferred contact method(s):	Phone Mobile Email Post
Phone number:	
Mobile number:	
Email address or postal address if not access to email:	
Section 5: Consent to access healthcare information and notify respondent about the details of the complaint	
<p><i>The Hearing Professional Conduct and Complaints Body Ltd (HPCCB) may need to review client records including healthcare information in order to investigate the complaint. For the respondent to be able to respond to the complaint, the Ethics Officer and/or HPCCB most often needs to provide details of the complaint, including the client's name, to the respondent. Depending on the nature of the complaint and the parties involved, the Ethics Officer and/or HPCCB may have limited ability to pursue the complaint if both of the following statements are not signed.</i></p>	
I am the person who received the services that this complaint is about. I agree to the HPCCB requesting access to and reviewing my client records. OR I am the parent/legal guardian of the person who received the services that this complaint is about. I agree to the HPCCB requesting access to and reviewing the client records of the person who received the services.	Signature: Full name: Date: OR Signature: Full name: Date:
I agree to the HPCCB providing details of this complaint, including my name, to the respondent.	Signature: Full name: Date:

Section 6: Statement

Please provide a statement (in your own words) below of relevant facts. Take care to include dates and location. You may also choose to identify which requirements under the Code of Conduct for audiologists and audiometrists you consider has been breached, but you don't have to.

Please attach any relevant materials or supporting evidence. You may also submit a separate document including your statement if you need more space.

Please also note what you hope will happen as a result of this complaint.

If you have approached the practitioner, their practice, or another organisation about this complaint, please provide details of what the outcome was.

Note: Regardless of the outcome of a complaint, the Hearing Professional Conduct and Complaints Body Ltd (HPCCB) cannot compel members to provide a refund, compensation, or alter their fees. The HPCCB can only recommend the sanctions outlined in section 6.1.1 of the Complaints Management and Resolution Procedure by-law. If you would like to make a complaint relating to financial matters, you may want to consider contacting your state/territory consumer ombudsman.

Empty space for providing a statement.

Section 7: Declaration and signature of complainant

I hereby declare that the information I have provided in this Complaints Form is true and correct.

Signature:

Full name:

Date:

Please email your completed Complaints Form to the Ethics Officer at ethicsofficer@hpccb.org.au (preferred method).

If you do not have access to email, you can post your form to:

Ethics Officer
PO Box 370
Monbulk 3793
Victoria, Australia

If you have any questions, you can call the Ethics Officer on 0475 245 635