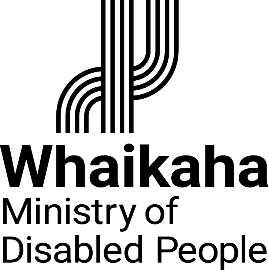
## Ministry funded services and supports



Complaints Form

If you are unhappy with the quality of disability services or supports funded by Whaikaha – Ministry of Disabled People, you can make a formal complaint by answering the following questions. You can also use this form to complain if your supports are not responsive to Te Ao Māori.

# Please tell us about yourself.

We ask for your contact information so we can respond directly to you. If you do not want to tell us your name we will still look into your complaint, but will not be able to let you know the outcome. If you don’t want your details to go beyond the Whaikaha complaints team, we will keep your details private.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Please type your name here | | |
|  |  | | |
| Phone | (Phone number | Email | Please type your email address here |

# How would you like us to contact you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone | Email | Relay service | Other | I don’t want to be contacted |

# Do you want us to keep your name and complaint private?\*

The more information you consent to share, the better we can help you.

|  |
| --- |
| You can share my complaint and my name with the provider. |
| You can share the details of my complaint but I want my name kept private. |
| You cannot share my complaint, name or my information with the provider. |
| I don’t know. |

# I am making this complaint as a person who is:

|  |  |
| --- | --- |
| The person receiving the supports  or services | A friend or relative of the person receiving services |
| A staff member of a disability provider | A member of the public |
| Other disability or health professional |  |

# If you are making this complaint on behalf of someone else, is the person who received the service aware that you are making a complaint on their behalf? (required information)

|  |  |
| --- | --- |
| Yes | No |

If no, is there a reason why the person is not aware of this complaint?

|  |
| --- |
| Please type your answer here |

# Who are you complaining about?

|  |  |  |
| --- | --- | --- |
| Name of organisation | Please type your answer here | |
|  |  | |
| Name of the person (if complaint about a person) | Please type your answer here | |
|  |  | |
| Where in NZ are you receiving supports/services? | Please type your answer here | |
| Have you complained about this to anyone else? | Yes | No |

# Who else have you told about your complaint?

For example: a disability service, Health and Disability Commissioner (HDC), the Ombudsman, Needs Assessment Service Coordination agencies etc.

|  |
| --- |
| Please type your answer here |

# Tell us about your complaint or what made you unhappy.

Provide some details to help us understand your concerns. You can include what happened, when it happened and who was involved, or the decision made by the provider that you are unhappy about.

|  |
| --- |
| Please type your answer here |

# How can we help you make your situation better?

|  |
| --- |
| Please type your answer here |



Thank you for taking the time to provide feedback to Whaikaha – Ministry of   
Disabled People.  
Email the completed form to [**complaints@whaikaha.govt.nz**](mailto:complaints@whaikaha.govt.nz)  
If you have asked us to contact you, we will aim to be in touch within five working days. If you want to contact us again, please see Whaikaha – Ministry of Disabled People contact information below.

* **Phone 0800 566 601**
* **Text 4206**