

Complaints and concerns form

We appreciate you taking the time to provide this information as we always want to know of any situation where we have not met your expectations.

This form is to express either a:

Concern - a potential issue that needs attention.

Complaint - a formal expression of dissatisfaction that requires investigation and resolution.

These can be anonymous.

Please identify whether your issue is a concern or complaint, and complete only the section that applies.

Concerns

(The following information will be treated with strict confidentiality)

Please outline the reason for your concern:

What outcome would you like to see from Active+ investigating this concern?

Complaints

(The following information will be treated with strict confidentiality)

Please outline the reason for your complaint:

What outcome would you like to see from Active+ investigating this complaint?

This information can be sent anonymously but if you wish to be informed of the process and outcome please fill out the following:

Name _____

Address _____

Phone _____ **Email** _____

Please email this complaints and concerns form to **complaints@activeplus.co.nz**

On receipt of this form, we will be in touch within 5 working days if you do not wish to remain anonymous. Within 10 working days you will have heard how this situation is being addressed. If this process takes more than 20 working days then you will be updated on a monthly basis until the situation is resolved.

You are also able to access a complaints process through the Health & Disability Commissioner or the Privacy Commissioner if the issue relates to your health information. Alternatively you can also contact the appropriate professional on the next page.

More information and contact details

The Code of Health and Disability Services Consumers' Rights (the Code) establishes the rights of consumers, and the obligations and duties of providers to comply with the Code. It is a regulation under the Health and Disability Commissioner Act. More information on the Code and your Rights can be found here;

hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights

You can also contact us using the form on our website:

activeplus.co.nz/contact-us or call us on 09 630 4035.

Addresses of the Registration Authorities or Professional Organisations

COUNSELLORS

New Zealand Association of Counsellors

The Secretary of the
Ethics Committee
PO Box 165,
Waikato Mail Centre,
Hamilton 3240

DOCTORS

Medical Council of New Zealand

PO Box 11649
Manners Street
Wellington 6142

NURSES

New Zealand Council of Nurses

PO Box 9644
Wellington 6141

OCCUPATIONAL THERAPISTS

The Occupational Therapists Board of New Zealand

PO Box 10202
The Terrace
Wellington 6143

PSYCHOLOGISTS

New Zealand Board of Psychologists

PO Box 10626
Wellington 6143

PSYCHOTHERAPISTS

New Zealand Association of Psychotherapists

PO Box 57025
Mana
Wellington 5427

PHYSIOTHERAPISTS

The New Zealand Board of Physiotherapists

PO Box 10734
Wellington

SOCIAL WORKERS

Social Workers Registration Board

PO Box 3452
Wellington Central
Wellington 6140

VOCATIONAL CONSULTANTS

Career Development Association of New Zealand

(CDANZ)
PO Box 31104
Christchurch 8444

COMPLAINTS AUTHORITY FOR ALL HEALTH PROFESSIONALS

Health & Disability Commissioner

PO Box 12299
Wellington