

Complaint Form

Official Visitor Programs

(Complaint form version 4: 17 September 2026)

Are you a person in a hospital or prison making a complaint?

(Please tick or mark the box below with your answer)

☐ **Yes** – if you answered yes, please fill in Part A and C

☐ **No** – if you answered no, please fill in Part A, B and C

Part A – Your details

Name: _____

Facility name: _____

Contact details: _____
(if available)

Part B – For other persons making complaints concerning the patient or prisoner

I declare that I am a support person, or a representative, or a person who has a genuine interest in the welfare of the patient or prisoner named in Part A.

My name is: _____

My contact details are: _____

My relationship or role with the patient or prisoner is:

Part C – My complaint is:

What outcome do I want?

I consent to an Official Visitor investigating my complaint:

Signature:_____ **Date:**_____

Privacy Statement

If you make a complaint to an Official Visitor, we may collect your personal information (or if you are not a patient or prisoner the information about the patient or prisoner on whose behalf you are complaining).

This personal information may be disclosed to the health service provider/prison facility and patient/prisoner. It may be used in the management of the complaint.

Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates.

If you have any questions about privacy or the use of personal information, please phone the Official Visitor Programs on: **1800 001 170**

Once both pages of this form are complete, you can either:

- give this form to any member of staff to fax to the Official Visitor Programs on: (03) 6173 0231
- give this form to an Official Visitor who is visiting the hospital or prison
- post this form to: Official Visitor Programs
GPO Box 960, Hobart TAS 7001
- email this form to officialvisitors@ombudsman.tas.gov.au