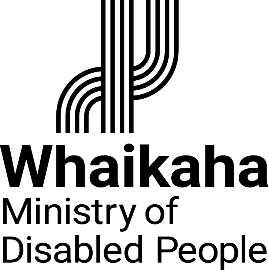
## Whaikaha funded services and supports



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 services or supports are not responsive to Te Ao Māori, or do not meet your cultural needs and expectations.

# Please tell us about yourself.

We ask for your contact information so we can respond directly to you. If you don’t want your details to go beyond the Whaikaha complaints team, we will keep your details private. 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. Please provide as much information as you feel comfortable sharing with Whaikaha.

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

|  |  |
| --- | --- |
| Address | Please type your physical address here |

# How would you like us to contact you?

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

# Can we share your name and your complaint with other people and the service provider?

|  |
| --- |
| Yes, you can share my complaint and my name with the service provider and relevant people at Whaikaha – Ministry of Disabled People. |
| You can share the details of my complaint, but I want my name kept private. |
| No, you cannot share my complaint, my name, or my information with the provider. |
| I don’t know. If you choose this option, we will contact you to talk with you about it. |

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

|  |  |
| --- | --- |
| The person receiving the supports  or services | A family member, whānau or friend 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 is about a person) | Please type your answer here | |
|  |  | |
| Where in NZ are the supports / services that this complaint is about (town, city, rural area, region)? | 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, I have complained to Whaikaha about this issue before 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 details of your complaint to Whaikaha – Ministry of Disabled People.

Email the completed form to [**quality@whaikaha.govt.nz**](mailto:complaints@whaikaha.govt.nz)or send it to us by free post at: Complaints Whaikaha – Ministry of Disabled People, Disability Supports / Services Complaints, Reply Paid: 262204, PO Box 1556, Wellington 6140.

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 email, phone, or text us.

* **Email quality@whaikaha.govt.nz**
* **Phone 0800 566 601**
* **Text 4206**

