



## COMPLAINTS FORM

### Hearing practitioners (audiologists and audiometrists)

The Ethics Review Committee (ERC) is responsible for managing complaints against audiologist and audiometrist members of Audiology Australia and the Australian College of Audiology. The ERC cannot respond to complaints against people who are not a member. If you are not sure if the person you are making a complaint against is a member you can still complete the form. The ERC will begin by investigating if they are a member.

For more details regarding complaints against members of Audiology Australia and the Australian College of Audiology and how they are handled, please refer to the [Complaints Management and Resolution Procedure](#).

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 [ethics@auderc.org.au](mailto:ethics@auderc.org.au) or calling (03) 9940 3911.

Section 1: Your details (Complainant)	
First name:	
Surname:	
Preferred contact method:	Phone                      Mobile                      Email
Phone number:	
Mobile number:	
Email address:	
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 (required):	
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 or the Australian College of Audiology 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 [ethics@auderc.org.au](mailto:ethics@auderc.org.au) or calling (03) 9940 3911.*

*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 Ethics Review Committee (ERC) 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.*

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

<b>Section 4: Client details</b> <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:	<input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email
Phone number:	
Mobile number:	
Email address:	
<b>Section 5: Consent to access healthcare information and notify respondent about the details of the complaint</b>	
<p><i>The Ethics Review Committee (ERC) may need to review client records including healthcare information in order to be able to investigate the complaint.</i></p> <p><i>In order for the respondent to be able to respond to the complaint, the ERC needs to provide details of the complaint, including the client's name, to the respondent.</i></p> <p><i>Depending on the nature of the complaint and the parties involved, the ERC 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 ERC requesting access to and reviewing my client records.  <i>OR</i> I am the parent/legal guardian of the person who received the services that this complaint is about. I agree to the ERC requesting access to and reviewing the client records of the person who received the services.	Signature:  Full name:  Date:  <i>OR</i> Signature:  Full name:  Date:
I agree to the ERC providing details of this complaint, including my name, to the respondent.	Signature:  Full name:  Date:

**Section 6: Statement**

Before completing a complaint or query, please read the [Code of Conduct for audiologists and audiometrists](#).

Please provide a statement (in your own words) below of relevant facts. Take care to include dates, location, which section of the Code of Conduct you consider has been breached.

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 Ethics Review Committee cannot compel members to provide a refund, compensation, or alter their fees. The Ethics Review Committee can only recommend the sanctions outlined in section 4.2.3.9 on page 18 of the [Complaints Management and Resolution Procedure](#). If you would like to make a complaint relating to financial matters, you may want to consider contacting the Australian Competition and Consumer Commission.

**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: