Complaints Form

About this form

Medicare Mental Health Centre's, delivered by Think Mental Health, strive to provide quality services which are timely, effective and respectful. We also want to provide opportunity for service users to make a complaint if they feel they have not had a quality experience of care. This form can be used to make a complaint about a service.

If you wish to make a suggestion regarding the Centre, or provide a compliment about the service you have received, a separate form is available on the website entitled 'Suggestions and compliments form'.

Please submit the completed form and send it to us by email to reception@thinkmh.com.au or in hard copy to reception who will ensure the form is received by the Service Manager. One of the management team will acknowledge this complaint within 5 working days and respond to your concerns within 14 working days.

Your Details		
Name		
Email or postal a	ddress	
Phone number		
How would you p	orefer to be contacted?	
□ Phone	□ Email	□ Mail
Are you completing this form in relation to someone else's experience? If so please provide: • The name of the person • Your relationship to them; □ carer □ parent □ family member □ friend Please note that we may need to seek this person's consent before consideration of the complaint can proceed.		
Details of the ser	vice or event	
Date and time o	f the service	
Who provided th	e service?	

Type of service (e.g., intake assessment, check-in, individual counselling, group program) About your concerns How would you describe the general nature of your complaint? (Tick one or more of the following)
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 □ With access arrangements – e.g., the length of time waiting for an appointment, or physical access arrangements to a service □ With the quality of information received before or after the service □ With the quality or effectiveness of the service or treatment itself □ With referral or transfer arrangements
 □ With the level of respect you received through your experience □ With respecting confidentiality of your information □ Other
Please provide a brief summary of your concerns – further detail can be attached.

What happens next?

We are committed to responding in a timely manner to any complaints. You should receive:

- An acknowledgement of the complaint within 5 days
- A response to the complaint within 14 days.

If additional time is needed to investigate the complaint due to its complexity or serious nature, this will be indicated to you at the 14-day mark.

Privacy statement

We value your privacy at the Centre, and your personal health information will be treated with confidentiality and respect, in line with National Privacy Legislation.

To respond to your concerns, our Leadership Team will need to review the personal and health information you provided to us. We will also retain summary, deidentified information about your complaint on our Complaints Database to help us improve our service. However, we would not plan to retain information about your complaint on your health record, unless you ask us to do so. Further information about our commitment to protecting confidentiality of consumer information is available within our Confidentiality and Consent Policy, available on the Centre website or by request.

Thank you for taking the time to share your feedback with us so that can continue to improve the services we deliver to you and others.





