

# Complaint against Accredited Practising Dietitian / Dietitians Australia member form

Date:.....

Your name: .....

Your contact details (at least one of the contacts below is required):

Phone: .....

E-mail:.....

Address:.....

We want to understand your concerns. Please use the questions below to help you to tell us about the issue. It will help us if you provide the information in a clear and factual manner. If you have any questions about the complaints process please call the Credentialing Administrator on 02 6189 1227 before proceeding.

Use the spaces below to provide a short description of your complaint. Try to be as specific as possible and attach any relevant documents you have to this form.

If possible please identify which values and principles in Dietitians Australia's Code of Conduct may be relevant to your complaint.

**Name of the dietitian/s you are making a complaint about:**

.....

**What happened?**

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**When and where did it happen?**

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.....

**Was anyone else involved? (Carer, practice staff, other health professional?)**

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**Any other relevant information?**

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**What have I done already to try and deal with this issue (e.g., have I spoken to the person involved, have I complained elsewhere)?**

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**The main issues I'm concerned about are:**

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**The impact of this issue for me has been:**

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**As a result of my complaint, I would like:**

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Attach additional information if required. This could include reports or progress notes; letters provided to you; or website links. If you are a dietitian or other health professional and are attaching entries from medical notes or patient files as evidence, please ensure they are appropriately de-identified or that you have the patient's written permission to disclose their identity.

I acknowledge that the complaints process has been fully explained to me and / or I have read all relevant information on the process and I am satisfied that I understand the process.

I understand that a copy of my written complaint will be forwarded to the person I am complaining about (the Respondent) and by signing this form I give permission for this to occur. You can elect to remain anonymous to the person you are complaining about (the Respondent) throughout the complaint process, please indicate if you elect to remain anonymous below.

	Yes	No
Do you elect to remain anonymous to the Respondent throughout the complaint process?	<input type="checkbox"/>	<input type="checkbox"/>

**Signature:** .....

**Date:** .....

## What to do next?

Either email the completed form to [credentialing@dietitiansaustralia.org.au](mailto:credentialing@dietitiansaustralia.org.au) or post to Credentialing Administrator, Dietitians Australia, PO Box 2087, Woden ACT 2606 and mark the envelope 'Confidential'.