



Case Number:

Details of the person who used the disability service (the consumer)

Name:

Address:

Date of Birth: / /

Name:

Address:

Date of Birth: / /

Name:

Date service provided: / /

In order to deal with your complaint, HaDSCO may need to obtain information or records. A copy of the complaint may also be sent to the provider for a response. Please read and sign the following authorisation statement.

'I authorise the Director of the Health and Disability Services Complaints Office to access information relating to this complaint, and to send a copy of my complaint to the disability service provider or other body.'

Consumer's signature: _____ Date / /

Complainant's signature: _____ Date / /