Raising a concern or complaint about an occupational therapist

This form is to help you make a complaint or share a concern about an occupational therapist.

If you are a health consumer making a complaint about the care you have received from an occupational therapist, please be aware that we are required by law to forward your complaint to the Health and Disability Commissioner (HDC). We may not take any action on your complaint while it is being considered by the HDC. However, if the complaint is serious and meets a threshold which may compromise public health and safety then we may take action.

You do not have to use this form, but it will help us in understanding your concern and planning our next steps. Please try and complete as many sections as possible.

If you need any help in completing the form, then please [contact us.](mailto:enquiries@otboard.org.nz)

Please note:

* It is a good idea to see if your concern or complaint can be solved by talking to the occupational therapist before filling out this form.
* The OTBNZ can only investigate concerns or complaints about an Occupational Therapist that was registered in Aotearoa/New Zealand at the time.
* You can also make a complaint the [Health and Disability Commissioner](http://www.hdc.org.nz).
* If you need help to make a complaint you can contact the Health and Disability [Advocacy](https://www.advocacy.org.nz/) service.

## Part A — Your Contact Details

### Your name:

**Your Postal Address:**

**Your Contact Phone number:**

**Alternative Phone:**

**Email:**

**Preferred contact method:**

**Post**

**Email**

**Phone**

## Part B — Information about the Occupational Therapist you are concerned about

### Occupational Therapist Name (or Names)

**Who do they work for? (i.e. name of company, hospital or clinic)**

**Who referred you to the Occupational Therapist?**

**Part C — Your Concern (The Event/s)**

**The Date(s) of the event. If it was over a period of time please give the estimated start and end dates.**

**Your Concern or complaint:**

**In your own words please tell us what happened. Please give us as much detail as possible. You can use extra paper if needed.**

### Were there others present during the event? If so, are they happy to be contacted about the event? Please give the name and number of others present

### Have you discussed your concerns with the Occupational Therapist or their employer?

**Please tell us what you would like to happen as a result**

**The date you are sending this to us.**

**Have you included any other information with this form eg, documents, notes, photos?**

**Please do not send originals.**

Thank you for completing this form. We will tell you we have received it within 5 working days.

Please send the completed form to:

**Email address** [registrar@otboard.org.nz](mailto:registrar@otboard.org.nz)

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| **Courier address**  Occupational Therapy Board of New Zealand  Level 5, 22-28 Willeston Street,  Wellington 6011  New Zealand | **Postal address**  Occupational Therapy Board of New Zealand  PO Box 9644  Marion Square  Wellington 6141  New Zealand |