

Online Complaints Form

Making a complaint

This form is designed to help you make a complaint to Health Hawke's Bay.
If you decide to use this form, please check that you have answered all the questions marked with an asterisk, as we need this information to help us review your complaint.

COMPLAINT FORM

Part A — About You

*Your details (The complainant)

Name:

Physical or Postal Address:

Home Phone:

Business:

Mobile:

Fax:

Email:

Part B — *The Complaint

Name of service you are complaining about:

Date of incident you are complaining about (or period if applicable):

Please explain what happened? e.g. *time, date, who was involved, location*

What are your expectations or desired outcomes?

INTERNAL USE ONLY

How was the complaint received:

Waea (Phone) Kanohi ki te Kanohi (face to face) Mēra (Mail) Īmēra (Email)

Received By: _____

Date received: _____

Complaint forwarded to: _____

Date sent: _____

Please post to:
Health Hawke's Bay – Te Oranga o Te Matau-a-Māui
PO Box 11141
Hastings 4156