



Complaint form

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Chinese Medicine Board of Australia Chiropractic Board of Australia Dental Board of Australia Medical Board of Australia
Medical Radiation Practice Board of Australia
Nursing and Midwifery Board of Australia
Occupational Therapy Board of Australia
Optometry Board of Australia

Osteopathy Board of Australia Pharmacy Board of Australia Physiotherapy Board of Australia Podiatry Board of Australia Psychology Board of Australia

Make a complaint

Use this form if you wish to make a complaint about:

- decisions by the Australian Health Practitioner Regulation Agency (AHPRA), a Board or Committee (except the outcome of a notification about a practitioner or the application of a National Standard in relation to a practitioner), and
- the behavior of an AHPRA staff member or a Board or Committee member.



This form **does not** cover matters such as notifications concerning health practitioners. A notification about a health practitioner can be made by following the *Make a notification* link on the AHPRA website (www.ahpra.gov.au).

A complaint may be made about AHPRA or a Board's process in managing the notification. However, a complaint cannot be made about the outcome of a notification.

Privacy and confidentiality

The information collected in this form will assist the Board and AHPRA with investigating your complaint.

The Board and AHPRA are committed to ensuring the privacy and confidentiality of personal information held and will adhere to the National Privacy Principles under the *Privacy Act 1988* (Cth) when collecting, using, disclosing, securing and providing access to private information.

AHPRA's Privacy policy explains how your personal information will be stored, handled and used.

This document can be accessed at www.ahpra.gov.au/privacy.aspx

Symbols in this form



Additional information

Provides specific information about a question or section of the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and complete all questions.
- Ensure that all pages and required attachments are returned to AHPRA.
- . Use a black or blue pen only.
- Print clearly in BLOCK LETTERS
- Place X in all applicable boxes: x

Send the completed form and required attachments to:

The State or Territory Manager AHPRA GPO Box 9958 Melbourne VIC 3001

SECTION A: Personal details

1. What are your details?

David Ashley Cython Crofts	
David Ashley Sutton Crofts	
Mailing address	
23 Brisbane	Street
City/Suburb/Town	
Berwick	
State or territory (e.g. VIC, ACT)	Postcode
State or territory (e.g. VIC, ACT)	Postcode 3 8 0 6
VIC	3 8 0 6

SECTION B: Complaint details

2. My complaint is about:

Please	specify	one
Y AL	IPRA	

A National Board (Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Dental, Medical, Medical Radiation Practice, Nursing and Midwifery, Occupational Therapy, Optometry, Osteopathy, Pharmacy, Physiotherapy, Podiatry, Psychology)

AHPRA's Agency Management Committee

Individual(s) involved (if known):

Fiona Sinnamon

Please describe the issue which is of concern to you:



We need to know:

- · what happened
- when it happened (include dates)
- who did it (include names of individuals involved)
- how and when you found out about it,
- any other relevant details including any information or evidence to support your complaint.

Provide details

Fiona Sinnamon agreed to reflect a logically flawed and faulty decision of the Medical Board of Australia.



You must attach a separate sheet if the details do not fit in the space provided.



You **must** provide copies (not the original) of any documents that may help us to investigate your complaint (for example, any correspondence or records of conversations).

4. How would you like to see your complaint resolved?

Provide details

Remake the board decision correctly so that when she agrees to reflect it I will not find it offensive.

SECTION C: Signature

Name

David Ashley Sutton Crofts

Date

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Signatur





Islander health practice Chinese medicine Chiropractic Dental Medical Medical Medical radiation practice Nursing and Midwifery Occupational thera Optometry Osteopathy Pharmacy Physiotherapy Podiatry Psychology

Australian Health Practitioner Regulation Agency

Private and Confidential

24 November 2014

Mr David Crofts 23 Brisbane St BERWICK VIC 3806

Dear Mr Crofts

Notice of Board decision to take no further action

I refer to the letter advising you of the assessment of the notification about Dr Hillol Das.

On 20 November 2014, the Medical Board of Australia (the Board) decided to take no further action under section 151(1)(a) of the Health Practitioner Regulation National Law (the National Law).

You advised the Board that Dr Das failed to fulfil his obligations as a medical practitioner by failing to identify himself as the person who requested your involuntary treatment under the *Mental Health Act 1986* and he did not add the reasons for his request to your medical records.

Dr Das was sent a copy of the notification and he was asked to respond. In making its decision, the Board considered the information you provided and Dr Das' response.

Dr Das advised the Board that he treated you from 2003 to 2013 during which time he saw you every 6 to 12 weeks. Dr Das advised that on or around January/February 2013 you were admitted to Casey Hospital for a brief period and then discharged on a community treatment order.

Dr Das advised that it was always the preferred arrangement that the Crisis Assessment and Treatment Team be involved in involuntary admissions instead of Dr Das, as they did not want to jeopardise any follow up arrangement that you might have with Dr Das. The Board considers Dr Das' approach in this regard as appropriate in the circumstances.

Based on all of the information available, the Board considered that there were no issues of unprofessional conduct or unsatisfactory professional performance on the part of Dr Das.

Thank you for taking the time to raise your concerns. This matter has now been closed.

If you have any queries, please contact <u>vic-notifications@ahpra.gov.au</u> quoting the reference number below.

Yours sincerely

Fiona Sinnamon

Manager Notifications

Reference Number: 00290870

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