



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?

Title
 MR MRS MISS MS DR OTHER

Name

Mailing address

City/Suburb/Town

State or territory (e.g. VIC, ACT)
 VIC

Postcode

Contact phone number during business hours

Mobile number

Email



SECTION B: Complaint details

2. My complaint is about:

Please specify one

- AHPRA
- 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

3. Please describe the issue which is of concern to you:

- i** 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

2 5 / 1 1 / 2 0 1 4

Signature

Private and Confidential

24 October 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 Tennent Tampiyappa.

On 23 October 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 Tampiyappa breached the *Mental Health Act 2014* by providing treatment to you under a community treatment order (CTO) from 4 July 2014 to 18 July 2014.

Dr Tampiyappa was sent a copy of the notification and he was asked to respond. The Board considered the information you provided including the Mental Health Tribunal's (Tribunal) statement of reasons and the practitioner's response in making its decision.

The Board considered that Dr Tampiyappa treated you under the provisions of the *Mental Health Act 1986* by way of a community treatment order (CTO). It was noted that Dr Tampiyappa formed a clinical opinion following an overall assessment of your condition at that time.

The Board considered that Dr Tampiyappa appropriately continued your CTO until the Mental Health Tribunal's determination under the *Mental Health Act 2014* revoked this treatment order on 18 July 2014. It was noted that the Victorian Civil Administrative Tribunal (VCAT) order dated 4 July 2014 affirmed the Mental Health Review Board's earlier decision to confirm your CTO on 13 March 2014.

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 Tampiyappa.

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

COPY

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

Yours sincerely

Fiona Sinnamon
Manager Notifications

Reference Number: 00289603

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