

From: David Crofts [<mailto:david.crofts@gmail.com>]
Sent: Thursday, 9 October 2014 02:28 PM
To: ombudsman@ombudsman.gov.au
Subject: FW: Please step up to the plate !!!!

ONE FOMBUDSMAN, TWO FOCBUDSWOMEN !!!!

From: David Crofts [<mailto:david.crofts@gmail.com>]
Sent: Tuesday, 7 October 2014 01:40 PM
To: ombudsman@ombudsman.gov.au
Subject: Please step up to the plate !!!!

The outing of my disappointer !!!! The noting of my dissatisfaction !!!!

From: David Crofts [<mailto:david.crofts@gmail.com>]
Sent: Monday, 6 October 2014 10:37 PM
To: 'VIC-NOTIFICATIONS'
Subject: RE: Your Natification of Dr Hillol Das & Dr Tennent Tampiyappa

ATTN :- Azmi Shahabdeen

Dear On-my-right-wrong-half,

Here's how my commonwealth ombudsman will wank up your medical board's decision !!!!

The outcome will be Your natification to My NotBank !!!!

The outcome will be both foctors are put on notice !!!!

Sincerely,

David Crofts.

From: VIC-NOTIFICATIONS [<mailto:vic-notifications@ahpra.gov.au>]
Sent: Thursday, 18 September 2014 04:41 PM
To: david.crofts@gmail.com
Subject: RE: My Notification of Dr Hillol Das

Dear Mr Crofts

I acknowledge receipt of your email below with the notification form attached to it. Please be advised that your matter will be forwarded to our assessment team in order to progress the notification.

Kind Regards

Azmi Shahabdeen
Administration Officer
Notifications Department

Phone | 1300 419 495
Email | azmi.shahabdeen@ahpra.gov.au
Web | www.ahpra.gov.au

Australian **Health Practitioner** Regulation Agency
GPO Box 9958 | Melbourne VIC 3001 | www.ahpra.gov.au

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Please consider the environment before printing this email.



20. Were any patients harmed by the conduct?

Mark all applicable

- | | |
|--|---|
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Minor physical harm |
| <input type="checkbox"/> No harm | <input type="checkbox"/> Significant or major physical harm |
| <input type="checkbox"/> Latent or potential harm (e.g. exposed to radiation, risk of infection) | <input type="checkbox"/> Death |
| <input type="checkbox"/> Drug dependency | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Minor psychological or emotional harm | |
| <input checked="" type="checkbox"/> Significant or major psychological or emotional harm | |

21. Please describe what happened



Please describe what happened or what you are concerned about, including the place, date and time the events occurred. Where appropriate, please include details of the type of treatment involved, names and contact details of any witnesses.

DR HILLOL DAS REFUSED TO OBEY THE MENTAL HEALTH ACT 1986 BY NOT BEING PREPARED TO IDENTIFY HIMSELF AS A SIMPLE REQUESTER OF INVOLUNTARY TREATMENT ON 11/02/2013 AND 10/04/2013 BUT INSTEAD CHOSE TO LET THE CRISIS ASSESSMENT TEAM VIOLATE THE SPIRIT OF THE LAW BY HAVING THE LESSER OF THE TWO TEAM MEMBERS FILL OUT THE REQUESTER FORM AFTER THEY HAD ALREADY VISITED ME IN MY HOME.

DR HILLOL DAS BEHAVED LIKE A SIMPLE MEMBER OF THE GENERAL PUBLIC AND NOT A LEGALLY QUALIFIED HEALTH PROFESSIONAL BECAUSE HE DID NOT FEEL OBLIGED TO ADD THE REASON FOR HIS REQUEST FOR INVOLUNTARY TREATMENT TO MY MEDICAL RECORDS.



Attach additional sheets if more space is required, with **your name** clearly marked on each page.

From: Azmi Shahabdeen [<mailto:Azmi.Shahabdeen@ahpra.gov.au>]
Sent: Friday, 12 September 2014 10:50 AM
To: david.crofts@gmail.com
Subject: RE: My Notification of Dr Tennent Tampiyappa

Dear Mr Crofts

I acknowledge receipt of your email below on 26/08/2014 with the notification form attached to it. Please be advised that your matter is currently in assessment and you will be notified about the outcome once the Board have made a decision.

Kind Regards

Azmi Shahabdeen
Administration Officer
Notifications Department

Phone | 1300 419 495
Email | azmi.shahabdeen@ahpra.gov.au
Web | www.ahpra.gov.au

Australian Health Practitioner Regulation Agency
GPO Box 9958 | Melbourne VIC 3001 | www.ahpra.gov.au

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| <input type="checkbox"/> Drug dependency | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Minor psychological or emotional harm | |
| <input checked="" type="checkbox"/> Significant or major psychological or emotional harm | |

21. Please describe what happened



Please describe what happened or what you are concerned about, including the place, date and time the events occurred. Where appropriate, please include details of the type of treatment involved, names and contact details of any witnesses.

DR TENNENT TAMPIYAPPA THROUGH HIS FAULTY PRACTICE OF MEDICINE BREACHED THE LAW INCORPORATED BY THE MENTAL HEALTH ACT 2014.

THIS SERIOUS BREACH OF LAW OCCURRED CONTINUOUSLY BETWEEN 4 JULY 2014 AND 18 JULY 2014 AND ONLY CEASED BECAUSE THE MENTAL HEALTH TRIBUNAL RECOGNIZED THE BREACH AND MADE AN ORDER RELEASING ME FROM HIS CARE.



Attach additional sheets if more space is required, with **your name** clearly marked on each page.