



Notification (complaint)

Health Practitioner Regulation National Law (the National Law)

Please complete this form to make a notification about a health practitioner or student: Aboriginal and Torres Strait Islander health practitioner, Chinese medicine practitioner, chiropractor, dental hygienist, dental prosthetist, dental therapist, dentist, doctor, nurse or midwife, medical radiation practitioner, occupational therapist, optometrist, osteopath, pharmacist, physiotherapist, podiatrist or psychologist.

If you need assistance to complete this form, phone the Australian Health Practitioner Regulation Agency (AHPRA) and ask to speak to a Notifications Officer.

State office contacts

Australian Capital Territory	(02) 6195 2680
Northern Territory	(08) 8901 8580
Queensland	(07) 3149 4782
South Australia	(08) 7071 5683
Tasmania	(03) 6281 7980
Victoria	(03) 8708 9284
Western Australia	(08) 6141 6090
New South Wales	1300 419 495

Health practitioners, employers and education providers

If you are a health practitioner, employer or education provider and are making a mandatory notification as required under the National Law, please complete this form and send it to AHPRA.

FOR NOTIFICATIONS IN NEW SOUTH WALES (NSW)

Members of the public

To make a notification about the conduct, health or performance of a practitioner, contact the NSW Health Care Complaints Commission on **1800 043 159** or **(02) 9219 7444**.

Health practitioners, employers and education providers

To make a mandatory notification relating to a registered practitioner or student, complete this form and return it to AHPRA. In NSW, AHPRA will refer the notification to the appropriate organisation.

FOR COMPLAINTS IN QUEENSLAND

In Queensland, concerns about the health, conduct and performance of health practitioners are known as 'complaints', and these are received only by the Office of the Health Ombudsman (OHO). The OHO assesses the severity of all complaints and determines which complaints it must retain and manage, and which complaints to refer to AHPRA to manage on behalf of the National Boards.





For more information, or to make a complaint in Queensland visit the OHO website at www.oho.qld.gov.au, or call the OHO on **133 646 (133 OHO)**

Privacy and confidentiality

The Board and AHPRA are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.

By signing this form, you confirm that you have read the collection statement. AHPRA's privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

Symbols in this form

-  **Additional information**
Provides specific information about a question or section of the form.
-  **Attention**
Highlights important information about 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:

Please post this form with required attachments to:

AHPRA
GPO Box 9958
IN YOUR CAPITAL CITY (refer below)

You may contact AHPRA on
1300 419 495 or you can lodge an enquiry
at www.ahpra.gov.au

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801



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.