

CONSUMER FEEDBACK FORM

Person providing feedback (complainant details)	Consumer																
<p>We appreciate that at times you and/or the person you are acting on behalf of may wish to remain anonymous. If this is the case, an investigation will not be conducted and this information will be used as constructive feedback only.</p> <p>Medical Record # (if known)..... <u>2283458</u></p> <p>Title: <u>(Mr)</u> Mrs Miss Master Ms</p> <p>First Name: <u>DAVID</u></p> <p>Surname: <u>CROFTS</u></p> <p>Address: <u>23 BRISBANE STREET</u> <u>BERWICK</u> Postcode: <u>3806</u></p> <p>Phone: <u>0397074594</u> Mobile: <u>0437074594</u></p> <p>Email: <u>dasc1961@netscape.net</u></p> <p>Primary Language: <u>ENGLISH</u></p> <p>Interpreter Required: <u>Yes</u> No</p> <p>Please indicate if you would be interested in attending an informal meeting with an interpreter present and we will be happy to arrange this. <u>Yes</u> No</p> <p>What is your relationship to the Consumer?</p> <table style="width: 100%;"> <tr> <td>Child <input type="checkbox"/></td> <td>Friend <input type="checkbox"/></td> </tr> <tr> <td>Parent <input type="checkbox"/></td> <td>Sibling <input type="checkbox"/></td> </tr> <tr> <td>Self <input checked="" type="checkbox"/></td> <td>Spouse <input type="checkbox"/></td> </tr> <tr> <td>Other: <input type="checkbox"/></td> <td></td> </tr> </table> <p>Please specify.....</p>	Child <input type="checkbox"/>	Friend <input type="checkbox"/>	Parent <input type="checkbox"/>	Sibling <input type="checkbox"/>	Self <input checked="" type="checkbox"/>	Spouse <input type="checkbox"/>	Other: <input type="checkbox"/>		<p>(Please complete only if different from the complainants details).</p> <p>Medical Record # (if known).....</p> <p>Title: Mr Mrs Miss Master Ms</p> <p>First Name:.....</p> <p>Surname:</p> <p>Address:.....</p> <p>..... Postcode:.....</p> <p>Phone: Mobile:</p> <p>Email:.....</p> <p>Date of Birth: <u>23/2/1961</u></p> <p>Primary Language:.....</p> <p>Interpreter Required: <u>Yes</u> No</p> <p>Please indicate if you would be interested in attending an informal meeting with an interpreter present and we will be happy to arrange this. <u>Yes</u> No</p> <p>If you have the following information, please provide:</p> <p>The name of the Ward, Unit, Department or Service: <u>WARD E</u></p> <p>The name of the treating health professional(s): <u>DR. SHAUN TAMPIYAPPA</u> <u>DR. MARTIN PRESTON</u></p>								
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Parent <input type="checkbox"/>	Sibling <input type="checkbox"/>																
Self <input checked="" type="checkbox"/>	Spouse <input type="checkbox"/>																
Other: <input type="checkbox"/>																	
<p>Where was the service provided?</p> <table style="width: 100%;"> <tr> <td>Casey Hospital</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Cranbourne Integrated Care Centre</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dandenong Hospital</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Kingston Centre</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Monash Medical Centre Clayton</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Monash Medical Centre Moorabbin</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Community Service</td> <td><input type="checkbox"/> Please specify site</td> </tr> <tr> <td>Mental Health Service</td> <td><input type="checkbox"/> Please specify site</td> </tr> </table>		Casey Hospital	<input checked="" type="checkbox"/>	Cranbourne Integrated Care Centre	<input type="checkbox"/>	Dandenong Hospital	<input type="checkbox"/>	Kingston Centre	<input type="checkbox"/>	Monash Medical Centre Clayton	<input type="checkbox"/>	Monash Medical Centre Moorabbin	<input type="checkbox"/>	Community Service	<input type="checkbox"/> Please specify site	Mental Health Service	<input type="checkbox"/> Please specify site
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Southern Health

Please provide details of your feedback including dates, times, location and outcomes. (If more space is required, please add pages).

After being contacted by Dr. Shaun Tampiyappa, he demanded that I appear before him to gesticulate in his face. When I obliged, his response was to sentence me to an intense four week course of extreme chemical unscrew in the torture chamber known as ward E. In reality all that was indicated was to disengage from this arsehole and cool off for 1/2 an hour in the supportive environment of my own home. If your response is going to be I was psychotic at the time please do not respond and keep that bullshit to yourself. This admission leads me to conclude that the consultant is simply "the opposition" and he is abusing the tools of the medical profession in a war against the patient that is 100% anti-patient with psychiatric window dressing.

To enable us to best meet your expectations, please advise if you would like a written response or a meeting to further discuss your feedback:

I expect a written response preferably by email.

Signature of Consumer: _____

Date: ____/____/____

Signature of Person Providing Feedback: _____

D. A. Crofts

Date: 12/7/13

Prior to the commencement of an investigation a staff member will telephone both the Consumer and the person providing feedback to confirm receipt of the feedback form. An investigation cannot proceed without the consent of the Consumer or their Guardian. Please ensure that all of your contact numbers and address details are completed.

Please return the completed form to the relevant site **Consumer Liaison Officer by mail:**

Casey
Locked Bag 3000
Hallam 3803
(8768 1465)

MMC Clayton
Locked Bag 29
Clayton 3168
(9594 2702)

Dandenong Hospital
PO Box 478
Dandenong 3175
(9554 8078)

Kingston Centre
Warrigal Road
Cheltenham 3192
(9709 7134)

MMC Moorabbin
PO Box 72
East Bentleigh 3165
(9928 8584)

Thank you for taking the time to provide us with your valued feedback.

Please note that feedback may also be provided by completing the online form available on the Southern Health website http://www.southernhealth.org.au/page/About_Us/Contact_us/.

David A.S. Crofts

23 Brisbane Street
BERWICK Victoria 3806

Saturday, 8th February 2014

Dr. Shaun Tampiyappa

Monash Health
Casey Community Team
Casey Hospital
Locked Bag 3000
HALLAM Victoria 3803

Dear Sir,

Please put this letter in the orifice reserved for all the letters that you refuse to respond to.

Yours sincerely,

A handwritten signature in black ink, reading 'D.A. Crofts' in a cursive script.

David Crofts.

P.S.

If the world is a just place, it will not only be me not getting your response.

David A.S. Crofts

23 Brisbane Street
BERWICK Victoria 3806

Tuesday, 18th February 2014

Dr. Shaun Tampiyappa

Monash Health
Casey Community Team
Casey Hospital
Locked Bag 3000
HALLAM Victoria 3803

Dear Sir,

The just penalty for your crimes is that you come apart in sympathy for what you did to me.

Yours satanically opposed,

A handwritten signature in black ink, reading "D.A. Crofts". The signature is written in a cursive, flowing style with a large, stylized 'D' and 'C'.

David Crofts.

David A.S. Crofts

23 Brisbane Street
BERWICK Victoria 3806

Thursday, 22nd May 2014

Dr. Shaun Tampayappere

Monash Health
Casey Community Team
Casey Hospital
Locked Bag 3000
HALLAM Victoria 3803

Dear Sir,

Please put this letter in the orifice reserved for all the letters that you refuse to respond to.

Yours sincerely,

A handwritten signature in black ink that reads "D.A. Crofts". The signature is written in a cursive, flowing style.

David Crofts.

P.S.

If the world is a just place, it will not only be me not getting your response.

P.P.S.

I believe I have nicely parted your orifice with this letter, and
you will blow apart nicely now as a consequence.

Call to Mr David Crofts on 11/06/2014 to find out more specific information about his concerns regarding Dr Tennent Tampiyappa:

- Notifier says he does not want to make a notification to AHPRA regarding Dr Tampiyappa or any other practitioners and says that he sent the letter with attachments because he wanted to make AHPRA aware that he was making complaints to other entities about concerns he has about the practitioner.
- He says AHPRA took the side of the practitioner with his previous notification and does want AHPRA to progress this matter.
- Mr Crofts was advised that a note would be put on the system that he did not want AHPRA to treat this as a new notification and the matter would be recommended for closure.
- End of call.

From: David Crofts [<mailto:david.crofts@gmail.com>]
Sent: Monday, 25 August 2014 06:10 PM
To: vic-notifications@ahpra.gov.au
Subject: A Future Notification of Dr Tennent Tampiyappa.

Azmi Shahabdeen
Administration Officer
Notifications Department

Dear Sir,

I wish you to leave my file of correspondences regarding Dr Tennent Tampiyappa open.

Also, please add this email to it.

Sincerely,

David Crofts.

From: David Crofts [<mailto:david.crofts@gmail.com>]
Sent: Monday, 25 August 2014 05:24 PM
To: mht@mht.vic.gov.au
Cc: vic-notifications@ahpra.gov.au; VCAT-HRD@justice.vic.gov.au
Subject: FW: FW: FW: FW: FW: FW: One pound of flesh !!!!

You should call yourself "The Faulty Health Professionals Corrections Board" !!!!

From: David Crofts [<mailto:david.crofts@gmail.com>]
Sent: Monday, 25 August 2014 04:10 PM
To: mht@mht.vic.gov.au
Subject: FW: FW: FW: FW: FW: FW: One pound of flesh !!!!

If a doctor decides to certify a particular mental patient what is at issue is his legal right to be faulty !!!!

From: David Crofts [<mailto:david.crofts@gmail.com>]
Sent: Monday, 25 August 2014 01:38 PM
To: mht@mht.vic.gov.au
Subject: FW: FW: FW: FW: FW: One pound of flesh !!!!

It is gratifying to know that you also understand Dr Shaun Tampiyappa's thought processes to be faulty !!!!

From: David Crofts [<mailto:david.crofts@gmail.com>]
Sent: Monday, 25 August 2014 11:54 AM
To: mht@mht.vic.gov.au
Subject: FW: FW: FW: FW: One pound of flesh !!!!

You should call yourself "The Mental Health Professional Thought Process Validation Board" !!!!

----- Forwarded Message -----

From: David Crofts <david.crofts@gmail.com>
To: mht@mht.vic.gov.au
Subject: FW: FW: FW: One pound of flesh !!!!
Date: Sat, 23 Aug 2014 18:42:30 +1000

If a patient decides not to consent to a particular medical treatment what is at issue is his legal right to not consent. My understanding of the medical profession tells me there is no such thing. If you are honest, the mental health act should certify when this criteria is met **regardless of all others**. Hence, there is no need for any other criteria as they would serve no purpose if there exists consent, and we must conclude there is no such thing as the ideal mental health act as we must all submit to the medical profession.

<http://www.davidcrofts.com.au/my-inspired-documents/my-mental-health-act-1990>

----- Forwarded Message -----

From: David Crofts <david.crofts@gmail.com>
To: mht@mht.vic.gov.au
Subject: FW: FW: One pound of flesh !!!!
Date: Sat, 23 Aug 2014 16:34:32 +1000

The medical profession believes no one is allowed to withdraw their consent !!!!
The medical profession believes no one is required to consent when psychiatric treatment is given !!!!
The medical profession believes no one should consider what it considers to be not required to be worthless !!!!

----- Forwarded Message -----

From: David Crofts <david.crofts@gmail.com>
To: mht@mht.vic.gov.au
Subject: FW: One pound of flesh !!!!
Date: Sat, 23 Aug 2014 14:28:26 +1000

The only reason you granted to me the legal right of being able to consent was because I had consented to what the medical profession had judged as necessary treatment and hence my consent was not necessary for me to service the medical profession.

----- Forwarded Message -----

From: David Crofts <david.crofts@gmail.com>
To: mht@mht.vic.gov.au
Subject: One pound of flesh !!!!
Date: Mon, 18 Aug 2014 15:04:28 +1000

RE: 2014.07.18 - M.H.T. Statement of Reasons.pdf

So basically what you are telling me is that the only reason you un-certified me was that you believed the medical profession could still get its pound of flesh with me un-certified.



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)**

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

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: **X**



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 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.