

Disability Directorate funded services and supports Complaints Form



If you are unhappy with the quality of disability services or supports funded by the Ministry of Health, you can make a formal complaint by answering the following questions. You can also use this form to complain if your supports are not responsive to Te Ao Maori.

i Required fields are marked by an asterisk (*)

1. Do you want us to keep your name and complaint private?*

i The more information you consent to share, the better we can help you.

You can share my complaint and my name with the provider.

i We will talk to the provider about your concerns

You can share the details of my complaint but I want my name kept private.

i We will talk to the provider about your complaint but will not give them your name

You cannot share my complaint name or my information with the provider.

i We won't talk to the provider about your complaint or tell them your name.

I don't know.

i We will contact you to talk about it.

2. Please tell us about yourself.

i Please provide as much information as you feel comfortable with.

We ask for your contact information so we can respond directly to you. If you don't want to tell us your name; we will still look into your complaint; but will not be able to let you know the outcome.

Your name

Phone

Email

3. How would you like us to contact you?

Phone

Email

Relay service

Other

4. Who are you?

The person receiving the supports or services

A friend or relative of the person receiving services

A staff member of a disability provider

A member of the public

Other disability or health professional

5. If you are making this complaint on behalf of someone else, is the person who received the service aware that you are making a complaint on their behalf?

Yes

No

If no, is there a reason why the person is not aware of this complaint?

6. Who are you complaining about?

Name of organisation

Name of the person (if complaint about a person)

Where in NZ are you receiving supports/services?

Have you complained about this to anyone else?

Yes No

7. If yes, who else have you told about your complaint?

For example: a disability service, Health and Disability Commissioner (HDC), the Ombudsman, Needs Assessment Service Coordination agencies etc.

8. Tell us about your complaint or what made you unhappy.

Provide some details to help us understand your concerns. You can include what happened; when it happened and who was involved; or the decision made by the provider that you are unhappy about.

9. How can we help you make your situation better?

Thank you for taking the time to complete this form.

Email the completed form to dsscomplaints@health.govt.nz

We take all complaints seriously and work hard to make sure everyone is safe and supported.

We will contact you within five working days to talk about your complaint.

📞 0800 855 066 ✉ dsscomplaints@health.govt.nz