

Date:

Your name:

Your contact details (at least one of the contacts below is required):

Phone:

E-mail:

Address:

We want to understand your concerns. Please use the questions below to tell us about the issue. It will help us if you provide the information in a clear and factual manner. Use the spaces below to provide a short description of your complaint. Try to be as specific as possible and attach any relevant documents you have to this form.

If possible please identify which part of the Nutrition Society of New Zealand Code of Professional Conduct may be relevant to your complaint. We will get back to you within 15 working days of receiving this complaint.

Name of the Registered Nutritionist/s you are making a complaint about:

What happened?

When and where did it happen?

Was anyone else involved? (Carer, practice staff, other health professional?)

Any other relevant information:

What have you done already to try and deal with this issue? (e.g. spoken to the Registered Nutritionist/s involved, made a complaint elsewhere).

The main issues I'm concerned about are:

The impact of this issue for me has been:

As a result of my complaint, I would like:

Attach additional information if required. This could include reports or progress notes; letters provided to you; or website links. If you are a nutritionist, dietitian or other health professional and are attaching entries from medical notes or patient files as evidence, please ensure they are appropriately de-identified or that you have the patient's written permission to disclose their identity.

I acknowledge that the complaints process has been fully explained to me and / or I have read all relevant information on the process and I am satisfied that I understand the process. I understand that a copy of my written complaint and my name will be forwarded to the person I am complaining about (respondent) and by signing this form I give permission for this to occur.

Signature:

Date: