

Introduction

You can use this form to make a complaint about a mental health and wellbeing service funded by the Victorian Government. A Resolutions Officer at the Mental Health and Wellbeing Commission (MHWC) will then contact you to discuss your concerns.

Please submit the completed form online or send it to us by:

* Email: [help@mhwc.vic.gov.au](mailto:help@mhwc.vic.gov.au%20)
* Post: Level 26, 570 Bourke Street, Melbourne 3000

Services within our scope

The MHWC deals with complaints about **mental health and wellbeing services** funded by the Victorian Government. We can take complaints about the following services:

* designated mental health services, including hospital-based, community, residential, specialist and forensic services
* local adult and older adult mental health and wellbeing services

*Note: you can find more information about local services* [*here*](https://www.health.vic.gov.au/mental-health-reform/local-adult-and-older-adult-mental-health-and-wellbeing-services)

* other mental health and wellbeing service providers who are funded by the Victorian Government to provide mental health and wellbeing services.

Services not within our scope

We are unable to deal with complaints about private mental health services or services that are funded by the Australian Government. If your complaint is about these services, please contact the [Health Complaints Commissioner](https://hcc.vic.gov.au/).

What can I complain about?

Please see our website for information about [complaints that we can handle](https://www.mhwc.vic.gov.au/what-complaints-can-mhwc-take).

Complaints we may not be able to deal with

We may not be able to deal with your complaint if:

* your complaint is about someone else’s experience and they do not provide consent
* We can take [complaints from carers, family members and supporters](https://content.mhcc.vic.gov.au/site-7/information-carers)about their own experiences or on behalf of a consumer. Consumer consent may be required depending on the nature of the complaint, please contact us to discuss
* it relates to something that happened more than a year before you made the complaint.

Please speak to our Resolutions Officers about whether we can assist you in these circumstances.

How we support you in making a complaint

We will work with you and the service with the aim of resolving your concerns. We will listen to you, explore the outcomes you’re seeking and discuss the options available. We use the 4 A’s approach to complaint resolution:

The 4 A’s approach

**Acknowledgement –** of the concerns raised and the impact that this has had on you or the consumer.

**Answers –** to questions about the way the service was provided or why events occurred.

**Action** – taken by the service to address your concerns or wider service improvements that are identified and implemented through the complaintprocess.

**Apology** – by the service where it might be appropriate.

*Note:* [*To find out more about the 4 A’s of complaint resolution, read here.*](https://www.mhwc.vic.gov.au/complaint-resolution-4)

To assist you, we can:

* receive complaints in any language
* arrange an interpreter at no cost to you
* arrange an appointment with the [National Relay Service](http://www.relayservice.gov.au) interpreter if you have hearing or speech support needs, at no cost to you.

*Note: Information on making a [complaint in different languages, and Auslan can be found here.](https://www.mhwc.vic.gov.au/contact-us-or-make-complaint)*

Can I make an anonymous complaint?

If you choose to make an anonymous complaint, our ability to look into the issue will be limited. You can ask us to keep your identity confidential, but this may affect the way the mental health and wellbeing service can respond to the complaint.

If you’re not sure whether the MHWC can help, if you’d like to speak with us about your concerns or if you need help completing the form, please contact us on 1800 246 054 (free call). If we are unable to assist you with your concerns, we will do our best to put you in touch with people who can.

*[You will find more information on making a complaint here.](https://www.mhwc.vic.gov.au/)*

**Mental Health and Wellbeing Commission – complaint form**

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| --- | --- | --- | --- |
| **Section 1 – My details** | | | |
| **Title** *(optional)* | **First name** | | **Last name** |
| My pronouns are:  He / him  She / her  They / them  Other (please specify) | | | |
| **My phone number** | | | |
| **My email OR postal address**  *Email*  *Postal address*  *Suburb/Town Postcode* | | | |
| **I need an interpreter**  No  Yes If yes, which language? | | | |
| **Things I would like you to know about contacting me**  *e.g. help with communication or any assistance required, disability, preferred contact method, times etc.* | | | |
| ***This section is optional. We’re asking to ensure we provide an inclusive, culturally safe and accessible service. This information will not be shared with the mental health service unless you agree.***  I identify as Aboriginal  I identify as Torres Strait Islander  I identify as Aboriginal and Torres Strait Islander  I identify as LGBTQI+  I speak a language other than English at home | | | |
| **Section 2 – Details of the service** | | | |
| **Service name and location** *(if known)*: | | | |
| **Section 3 – Brief summary of what happened (please attach any additional information)** | | | |
| **Please include the date of event/s** *(if known)* | | | |
| **Section 4 – What are some of the things that would help resolve this complaint?** | | | |
| **Please consider the 4A’s: Acknowledgement, Answers, Action and Apology when thinking about resolution outcomes.** | | | |
| **Section 5 – Details of the person who received the service (the consumer)** | | | |
| **Who received the service?**  dd/mm/yyyy  **Me**. My date of birth is:  ***Your form is now complete****.*  **Another person** *(please complete the section below with their details)*  *Please note: We will contact you before we contact anyone else about your complaint* | | | |
| **My relationship to them** *(e.g. parent, friend, partner, advocate etc.)* | | | |
| **Their details**  **Title** *(optional)* | | **First name** | **Last name** |
| The consumer’s pronouns are:  He / him  She / her  They / them  Other (please specify) | | | |
| **Phone number** | | | |
| **email OR postal address**  *Email*  *Postal address*  *Suburb/Town Postcode* | | | |
| **Do they need an interpreter?**  No  Yes If yes, which language? | | | |
| **Their date of birth is:**  dd/mm/yyyy | | | |
| **Things I would like you to know about contacting them**  *e.g. help with communication or any assistance required, disability, preferred contact method, times etc* | | | |
| ***This section is optional. We’re asking to ensure we provide an inclusive, culturally safe and accessible service. This information will not be shared with the mental health service unless the consumer agrees.***  The consumer identifies as Aboriginal  The consumer identifies as Torres Strait Islander  The consumer identifies as Aboriginal and Torres Strait Islander  The consumer identifies as LGBTQI+  The consumer speaks a language other than English at home | | | |
| **Section 6 – Privacy statement** | | | |
| We collect and use personal and health information provided to us to respond to concerns raised. Our privacy policy explains how we use information given to us, when we can share it, and how you can request a copy of the information. The privacy policy is on the <https://www.mhwc.vic.gov.au/privacy>  Please contact us if you would like us to send you a copy of the privacy policy. | | | |