## Raising a concern or complaint about a speech-language therapist

## \* Required

## THE OPPORTUNITY TO COMMUNICATE IS A BASIC HUMAN RIGHT.

The following form is to help you make a complaint or share a concern about a speechlanguage therapist.

You do not have to use this form but it will help us in understanding your concern and planning our next steps. Please try and complete as many sections as possible.

If you need any help in completing the form then please contact us.

Please note:

- It is a good idea to see if your concern or complaint can be solved by talking to the occupational therapist before filling out this form.
- The NZSTA can only investigate concerns or complaints about a speech-language therapist who was a member of the association at the time of the concern/complaint.
- You can also make a complaint the Health and Disability Commissioner.
- If you need help to make a complaint you can contact the <u>Health and Disability</u> <u>Advocacy</u> service.

We gratefully acknowledge Te Poari Whakaora Ngangahau o Aotearoa Occupational Therapy Board of New Zealand's submit a complaint form in the development of this form.

Skip to question 1

Your contact details

1. Full name \*

2. Email address \*

3.	Phone number	*
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4. Preferred contact method \*

Check all that apply.

Phone

Email

Information about the SLT you are concerned about

- 5. Full name \*
- 6. Contact details phone and/or email (if known) \*

7. Employer name \*

Nature of the concern/complaint

8.	Please give as much detail as possible including date(s) of the event (if over a	*
	period of time, please give the estimated start and end dates).	

Have you spoken to the person this concern/complaint is about directly in regard to this?	*
Mark only one oval.	
Yes	
No	

9.

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