

COMPLAINT SUBMISSION FORM

Resolution - Research

NSWHP_F_052



This form is for submitting a complaint for **resolution** by NSW Health Pathology. It should only be submitted after a person has attempted to resolve their complaint or where informal resolution is not possible or appropriate.

This form must be submitted to the Research Integrity Officer by email to NSWHP-RGO@health.nsw.gov.au or by mail to Level 5, 45 Watt Street, Newcastle, 2300.

This form must not be used for making a public interest disclosure.

A Resolution to date

Choose the relevant option and provide more information below

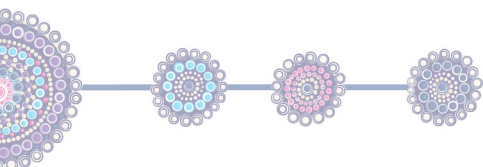
- I have not been able to resolve my complaint to date
- I have not attempted to resolve my complaint because I believe my complaint raises a serious matter suitable for resolution by NSW Health Pathology and/or I have valid reasons for not attempting to resolve the issue.

B Contact information

Are you submitting this complaint on behalf of someone else?

If no, complete Section 1 only. If yes, complete both sections 1 and 2, placing your details in Section 1.

Section 1				Section 2			
<input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Community <input type="checkbox"/> Other				<input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Community <input type="checkbox"/> Other			
ID:		Title:		ID:		Title:	
Surname:				Surname:			
First name:				First name:			
Street/PO:				Street/PO:			
Suburb:		Postcode:		Suburb:		Postcode:	
Tel:				Tel:			
Email:				Email:			



C Respondent details (if applicable)

If your complaint is against a person, please complete the applicable fields below, if known.

- A student A professional staff member
 A community member An academic staff member

Surname:		First name:	
Other:			

D Complaint details

Provide a summary of your complaint below. Include details such as the location, date, time, names of any people or areas of the NSW Health Pathology involved. Please indicate if you have provided additional documentation.

- I have attached documents that provide additional details
 I have not attached documents that provide additional details

E Outcomes sought

State the outcomes you are seeking from the complaint process, e.g. an apology from the respondent, a change of decision, etc.

F Other (optional)

Please provide any additional information that may assist NSW Health Pathology to resolve your complaint.

G Complainant declaration

In submitting this complaint, I confirm that:

- the information I have provided on this form is correct to the best of my knowledge;
- I intend to cooperate in good faith, respect confidentiality of the process and immediately disclose any actual, perceived or potential conflict of interest to the Research Integrity Officer for the complaint as part of my involvement in the complaint process; and
- I understand that the information I provide will be treated confidentially and will not be disclosed to a third party unless required.

Research Integrity Officer use only

Date received: ____/____/____

Date acknowledged: ____/____/____

Entered onto IMS+ by: _____ Reference: _____ Date: ____/____/____