

<b>Subject:</b>	<b>Complaint Form</b>	<b>Ref. No.</b>	<b>FES-COR-001</b>
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Date:

Do you wish to make an anonymous complaint? Yes  No

Do you want your identity to be withheld from the subject of the complaint? Yes  No

Anonymous complaints will be recorded on our register and the Manager Complaints Resolution will contact you to discuss complaint pathways.

Name:

RACS ID (if applicable):

Telephone: *Mobile:*

*Landline:*

Email:

Please indicate to which group you belong:

Fellow  Trainee  IMG  Other please specify (Example; patient, family)

The Royal Australasian College of Surgeons (RACS) is committed to building respect and improving patient safety in surgery, including by effectively dealing with unacceptable behaviours in the surgical profession. To help us do this we work with other organisations to make sure we can properly address the issue you have raised. For this reason we will send a copy of this complaint to the organisation nominated in this complaint: ie: hospital, medical centre, university.

### Complaint Details

What is your complaint? (Please describe what you are concerned about)

Situation or name of the organisation where the unacceptable behaviour occurred:

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How has this affected you?

Does your complaint relate to a breach of the RACS Code of Conduct? Yes  No  Unsure

Please refer to fact sheets available on the RACS website.

Does your complaint involve personal experience and or observation of others' experiences?  
Remember to check the appropriate boxes below:

Discrimination: Self     Bullying: Self     Harassment: Self     Sexual Harassment: Self   
Others             Others             Others             Others

### Respondent details

Name of the person you are making a complaint about:

Role or position of the person you are making the complaint about:

Please list and attach any relevant supporting documents

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### Your Privacy

In making a complaint, you are providing personal information, including your name and contact details. RACS handles all the personal information you provide in line with the *Privacy Act 1998 (Cth)*. RACS will use relevant personal information to assess and/or investigate your complaint and responding to you. It may be necessary for us to disclose relevant information to the person or organisation you have complained about so that they can provide a response. So we can effectively address your concerns we may share some information with the: employing hospital(s) or institution(s) involved with this complaint. (See RACS Privacy Policy)

For more information on privacy, including a copy of the RACS Privacy Policy, go to the RACS website and click on the Policies and Publications section at the bottom of our homepage.

<http://www.surgeons.org/policies-publications/>

### Consent

**To effectively manage your complaint the College may need to contact a third party, including the person(s) or organisation that you have complained about.**

I, insert print your full name and, RACS ID (if applicable)

**permit RACS to disclose my identity and the details of my complaint to other parties (or parties specified below) in the management of my complaint.**

Respondent ,

Training Board ,

Witness (s)  Names/Contact Details

Signed:

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Dated: ----/----/-----.

Please submit your signed completed form to the complaints mailbox: [complaints@surgeons.org](mailto:complaints@surgeons.org). If you have not received acknowledgement of your complaint within 3 business days or for any queries please contact the Manager Complaints Resolution via the Complaint Hotline: (AU) 1800 892 491, or (NZ) 0800 787 470

**Thank you for raising your complaint with RACS**