

**Committee on Complaints against
The Chinese Medicine Hospital of Hong Kong
("Complaints Committee")**

Complaint Form

(You should return the duly completed Complaint Form and supporting documents, if any,
to the Secretariat of the Complaints Committee by post, fax or email.)

Points to note

1. The Chinese Medicine Hospital of Hong Kong ("CMHHK") is a hospital operating under the control of the Government. A permit to operate CMHHK has been issued to the Operator of CMHHK.
2. CMHHK has dedicated channels to handle complaints. In addition, the Health Bureau ("HHB") also establishes the Complaints Committee as an alternative channel for handling complaints against CMHHK in the course of providing hospital service as controlled by HHB.
3. If there is any dissatisfaction towards the hospital service as controlled by HHB, a complainant should approach CMHHK for assistance first, or the Complaints Committee shall, with the consent of the complainant, refer it to CMHHK for handling. If the complainant refuses to give consent to the referral of the complaint to CMHHK, the Complaints Committee shall not handle the complaint.
4. A hospital service recipient, a member of the public, an authorized third party or any other person whom the Complaints Committee considers appropriate in the circumstances can lodge a complaint with the Complaints Committee.
5. A hospital service recipient is a person who receives hospital service as controlled by HHB.
6. Please refer to the **Information Note on making a complaint to the Complaints Committee** ("Information Note") before you lodge your complaint with us.
7. Please refer to the **Personal Information Collection Statement** at Annex before you provide any Personal Data to us.
8. For any complaints concerning hospital service as controlled by HHB, please fill in this complaint form or file your complaint to us in writing by the following means -

Fax: (852) 2556 2198

E-mail: cccmhkhk@healthbureau.gov.hk

Mailing Address:

Secretariat of the Committee on Complaints against The Chinese Medicine Hospital of Hong Kong
13/F, The HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong

If there is any difficulty, you may contact us at (852) 2127 4563.

For Official Use

CC/_____

Please complete in block letters

* Please delete as appropriate

Please put a “✓” in the appropriate box(es)

Part 1: Basic Information

1.1 Complainant's Information

Name in English (Surname First)

Mr/Mrs/Ms/Miss*

Name in Chinese (Surname First)

先生/太太/女士/小姐*

Telephone No.

E-mail Address

Correspondence Address

Capacity—

- (a) I am a hospital service recipient#.
(Please go to Part 2.)
- (b) I am a person authorized by the hospital service recipient to make a complaint.
(Please go to Part 1.2.)
- (c) Others (Please specify: _____)
(Please go to Part 1.2.)

#A hospital service recipient is a person who receives hospital service as controlled by HHB.

1.2 If you are a person in the capacity of (b) or (c) to make a complaint under Part 1.1, please complete this Part provided that you have knowledge of the personal information of the hospital service recipient.

Personal information of the hospital service recipient:

Name in English (Surname First)

Mr/Mrs/Ms/Miss*

Name in Chinese (Surname First)

先生/太太/女士/小姐*

Part 2 Case Reference and Result

Have you made a complaint on this matter to CMHHK?

- Yes *(Please complete this Part and Part 3.)*
- No *(Please go to Part 3.)*

Reference number of the complaint at CMHHK: _____

Have you received a substantive reply from CMHHK?

- Yes *(Please attach the reply letter from CMHHK.)*
- No

Part 3. Details of Complaint

(Please describe your complaint, including the date(s) and time(s) on and at which the event happened, person(s) involved, complaint issue(s), details of the event, and etc. Please use additional sheets or attach a complaint letter, if necessary).

- I hereby declare that the information provided in the complaint form is true and accurate to the best of my knowledge. I shall also ensure that all information and documents provided to the Secretariat from time to time in relation to the complaint (whether in my possession or not) are true, up to-date, accurate and complete in all respects. I understand that the provision of any information and/or documents that is/are false or misleading in a material particular may lead to the commission of an offence.
- I hereby confirm that I have read the Personal Information Collection Statement. I understand that my personal data will be collected by the Complaints Committee for the purpose of handling the complaint.
- For the purpose of handling the complaint, I consent to the release of my personal data and other relevant information to the Complaints Committee and/or other relevant party(ies) by the Complaints Committee; and the release of my personal data and other relevant information by the relevant party(ies) to the Complaints Committee.

Complainant's Signature

Date

Personal Information Collection Statement

Please read this notice before you provide any Personal Data to us.

The Complaints Committee is established by HHB to handle complaints against CMHHK in the course of providing hospital service as controlled by HHB. Our staff members may ask you to provide your Personal Data for purposes related to your complaint.

When you provide Personal Data to us, please ensure that the data is accurate and complete. The provision of personal data by you is voluntary. If you fail to provide us with the information required or if the information provided is inaccurate or incomplete, the consideration of your complaint will be affected.

Please also note that the Personal Data provided to us may be made available to any one or more of the following (as the case requires)—

- a clinical professional or other expert appointed by the Complaints Committee to assist in considering or investigating the complaint;
- CMHHK; or
- any party concerned for the purpose of handling the complaint.

In addition to the above, we will only use, disclose or transfer the Personal Data you provide to us:

- for purposes related to your complaints or directly related purposes; or
- where permitted by law.

We will obtain your consent before using your Personal Data for any other purposes.

You have the right to request access to and correction of your Personal Data as provided for under Personal Data (Privacy) Ordinance. Request for access or correction of Personal Data should be made in writing to the Secretariat of the Complaints Committee by the following means -

Fax: (852) 2556 2195

Email: cccmhkh@healthbureau.gov.hk

Mailing Address:

Secretariat of the Committee on Complaints against The Chinese Medicine Hospital of Hong Kong
13/F, The HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong