

# Australian Sonographers Association Complaints Handling and Disciplinary Process



## Complaints Form

The Australian Sonographers Association ('ASA') is the peak body and leading voice for sonographers.

ASA Certified Sonographers and ASA Certified Student Sonographers are required to perform their role in line with the expectations set out in the ASA's Code of Professional Conduct ('the Code'). The ASA's Disciplinary Committee oversees the enforcement of the Code.

Please complete this form if you wish to make a complaint about a Sonographer. The ASA will utilise the information within this form only to resolve your complaint, and within the guidelines set out in 'Complaints Handling and Disciplinary Process: Information for Complainants and Respondents'. All sections are mandatory. Incomplete forms will not be accepted.

### Section 1: The Complainant

**Please provide details of the person making the complaint (the Complainant)**

Name: \_\_\_\_\_

**Residential address:**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Country (if not Australia): \_\_\_\_\_ Postcode: \_\_\_\_\_

**Mailing address (if different from above):**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Country (if not Australia): \_\_\_\_\_ Postcode: \_\_\_\_\_

**Telephone** (w): \_\_\_\_\_ (h): \_\_\_\_\_ (m): \_\_\_\_\_

Email: \_\_\_\_\_

**Are you (the Complainant):**

1.  The patient – proceed to Section 3.
2.  A colleague or peer of the sonographer – proceed to Section 3.
3.  The patient's parent or legal guardian. I confirm that I am the patient's parent or legal guardian to represent them with respect to this complaint – proceed to Section 2
4.  A relative or friend of the patient. I confirm that I have been given permission by the patient to represent them with respect to this complaint – proceed to Section 2

### Section 2: The Patient

**Please provide details of the patient who underwent the ultrasound examination**

Name: \_\_\_\_\_

**Residential address:**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Country (if not Australia): \_\_\_\_\_ Postcode: \_\_\_\_\_

# Complaints Form



## Mailing address (if different from above):

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Country (if not Australia): \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone (w): \_\_\_\_\_ (h): \_\_\_\_\_ (m): \_\_\_\_\_

Email: \_\_\_\_\_

## Section 3: Details of the sonographer or student sonographer about whom the complaint is made (the Respondent)

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Place employed: \_\_\_\_\_

Address of clinic: \_\_\_\_\_

Telephone (if known): (w) \_\_\_\_\_

## Section 4: The Complaint

### Details of the complaint

Please make your description factual, with as much detail as possible, including dates, times, location, witnesses (with their consent). It is important that you include all information that is relevant so that your complaint can be accurately assessed. Please attach any other documents which may be useful and relevant and/or add extra pages if you require them.

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Have you taken any steps to remedy the incident? (Please provide details)

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# Complaints Form



What would you like to have happen as a result of your complaint?

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### Other authorities

Have you made this complaint to any other person or organisation? (please circle) Yes / No

If yes, please provide the name of the person or organisation

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### Further comments:

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### Declaration:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Please forward your completed form marked 'Confidential' to:

CEO  
Australian Sonographers Association  
PO Box 709  
Moorabbin VIC 3189

Or

By email to [regulation@a-s-a.com.au](mailto:regulation@a-s-a.com.au)

### Privacy Notice

The ASA adheres to the National Privacy Principles contained in the Privacy Act 1988 (Clth). In submitting this form you should understand that you are submitting a formal complaint to the ASA. You are asking that the ASA investigates this complaint. You should understand that your complaint (and any supporting documents) will be sent to the person you are complaining about (the respondent) and any witnesses who might assist the ASA with its investigation. By submitting this complaint you give permission for the respondent (and if applicable, any relevant person and/or potential witnesses) to provide the ASA with any relevant information regarding your complaint, which might include personal and sensitive information about you. Personal and sensitive information will only be collected and used by the ASA to the extent that is necessary to fully investigate your complaint and decide on an appropriate course of action.

You should understand that the ASA, upon investigating your complaint, may decide that a course of action which is different to your preferred outcome is appropriate.

If you have concerns about the collection, use or disclosure of personal information please contact the ASA via [regulation@a-s-a.com.au](mailto:regulation@a-s-a.com.au).