




The Human Rights Review Tribunal

For more information visit www.justice.govt.nz/tribunals

Office use only: **HRRT No** _____

Statement of Claim

(under the Health and Disability Commissioner Act 1994)

 **What is this form for?** Use this form if you have a claim under Section 51 of the Health and Disability Commissioner Act 1994.

Important Information

1. Please print in CAPITAL LETTERS
2. You need to file this claim form, along with three additional copies, by posting them to the Secretary of the Tribunal, address at the end of this form. If you are filing a claim against two or more defendants, you must add an extra copy for each additional defendant.
For example: 1 defendant = 1 original + 3 copies; 2 defendants = 1 original + 4 copies; 3 defendants = 1 original + 5 copies, and so on.

Please fill in all sections below

Part 1: Plaintiff(s)

First plaintiff

Surname(s)

First name(s)

or company name

Occupation:

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Who should we contact about matters involving this claim? (Please tick one)

Contact me (First plaintiff)

Contact my representative (if applicable, please complete the representative section)

First plaintiff's representative

The plaintiff is being represented by

Representative's full name:

Company name (if applicable):

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Second plaintiff (if relevant)

Surname(s)

First name(s)

or company name

Occupation:

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Who should we contact about matters involving this claim? (Please tick one)

Contact me (Second plaintiff)

Contact my representative

Second plaintiff's representative

Representative's full name:

Company name (if applicable):

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Part 2: Defendant(s)

Who are you filing this claim against? If there is more than one defendant, fill out one section for each defendant.
If you need additional space, please attach a separate sheet of paper.

First defendant

Full name:

or Company name:

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Second defendant (if applicable)

Full name:

or Company name:

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Third defendant (if applicable)

Full name:

or Company name:

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Fourth defendant (if applicable)

Full name:

or Company name:

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Part 3: Relevant provisions of the Code

Specify the provisions of the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 which you consider to have been contravened.

Take notice that the plaintiff says that the defendant has (or the defendants have) contravened the following provisions of the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 (referred to in this Statement of Claim as 'the Code').

Please tick to confirm the following:

- I (the plaintiff) have complained to the Health and Disability Commissioner who has found that there has been a breach of the Code.
- I have attached a copy of the letter which records the result of the investigation.

AND

I (the plaintiff) am bringing this claim because the complaint has not been resolved and: (please tick one)

- The Director of Proceedings has agreed to the plaintiff bringing this claim.
- Although the Health and Disability Commissioner found that the defendant(s) contravened the Code, the Health and Disability Commissioner did not refer the defendant to the Director of Proceedings under section 45(2)(f) of the Act.
- The Director of Proceedings has refused or failed to take proceedings on behalf of the plaintiff.

Part 4: Facts of the case

What do you say the defendant has done or not done (or the defendants have done or not done) that contravened the provisions of the Code in your case?

State briefly and clearly the facts giving rise to your claim such as:

- When (date and time) did this happen?
- Where did this happen?
- Who was involved?
- What have the consequences been for you as a result of the alleged infringement?

Please state each allegation in a separate numbered paragraph.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Part 5: What order(s) do you want the Tribunal to make?

With reference to sections 54 and 57 of the Health and Disability Commissioner Act 1994, please state the particular orders that you want the Tribunal to make. If you are claiming a sum of money, specify the amount and show how this amount was reached. If you need additional space, please attach a separate sheet of paper.

Take further notice that at a date and time to be fixed by the Chairperson of the Human Rights Review Tribunal you (the plaintiff) will ask the Tribunal to make the following orders:

1.

2.

3.

First plaintiff's signature	Date	/	/	(day / month / year)
Second plaintiff's signature	Date	/	/	(day / month / year)

Part 6: Checklist


Before you submit this form please check that:

- You have answered every question
- You have signed and dated this form

You have attached the following documents:

- Multiple copies of your claim form (as per calculation outlined at the beginning of this form)
- Letter from the Health and Disability Commissioner recording the result of the investigation

Tribunal Contact Details

 The Secretary
The Human Rights Review Tribunal
Tribunals Unit
Private Bag 32-001, Panama Street, Wellington 6146
Level 1, 86 Customhouse Quay, Wellington 6011
www.justice.govt.nz/tribunals

Ph: (04) 462 6660
Fax: (04) 462 6686
Email: tribunals@justice.govt.nz