

WHICH ORGANISATION IS MOST APPROPRIATE FOR YOUR CONCERNS

In New South Wales, the Coroner is required by law to investigate sudden deaths the cause of which is unknown, unexpected deaths, and unnatural deaths to determine the identity, date, place, circumstances and medical cause of death. In some cases the Coroner can make recommendations following an inquest to improve public safety and prevent future deaths.

The Coroner is principally concerned with finding out what happened and how it might be prevented from happening again. It is not the Coroner's role to apportion blame. Consequently, a coronial inquest or inquiry is not a criminal trial to determine someone's guilt, nor is it a civil trial to determine whether compensation should be awarded. Most coronial proceedings can be finalised by the Coroner without the need for an inquest.

Police report sudden, unexpected and unexplained deaths to the Coroner. If you have concerns about the circumstances of the death of a loved one it may be appropriate to discuss these concerns in the first instance with NSW Police to determine whether investigation is required, or whether they consider the death should be reported to the Coroner.

Concerns can also arise in relation to the care and treatment received from aged and/or health care providers. Some common concerns can include:

My loved one was prescribed or administered the wrong medication / the wrong dose of medication.

Administration of medication will fall within the coronial scope if the medication caused or contributed to the death. If the administration of medication did not contribute to the death, but you are concerned about the medication prescribed to your loved one, you should talk with the doctor or health service directly. If you are uncomfortable doing this, or if you are not satisfied with their response, you can contact the Health Care Complaints Commission or the NSW Health Professional Councils Authority

I did not like the way the medical staff spoke to me.

While the medical treatment provided by a doctor may be the subject of a coronial investigation, their manner does not fall within the coronial scope. If you are concerned about a doctor's behaviour, you should talk about your concern with the doctor or health service directly. If you are uncomfortable doing this, or if you are not satisfied with their response, you can contact the Health Care Complaints Commission.

The medical staff did not listen to my concerns.

This will generally not fall within the coronial scope unless it contributed to the death of your loved one. If you are not satisfied with the response provided by the doctor or health service to your concerns, you can contact the Health Care Complaints Commission.

The carers did not provide a high level of care to my loved one.

If the care provided caused or contributed to the death of your loved one, it will be considered within the scope of the coronial investigation. In cases where the care provided did not contribute to the death of your loved one, you should discuss your concerns with the health service provider, residential aged care facility or disability service directly. If you are not satisfied with their response, you can lodge a complaint with the Health Complaints Commission, Aged Care Quality and Safety Commission or the Ageing and Disability Commission.

If your concerns fit within the coronial scope, please complete the Request for Coroner to Assume Jurisdiction Form and email to Lidcombe.Coroners@justice.nsw.gov.au Please feel free to contact the Coroner's Court if you want to discuss whether your particular concerns fit within the coronial scope.

If your concerns do not fit within the coronial scope, then it may be that another organisation is better placed to respond to your concerns. Depending on your concerns, you may consider contacting the following organisations.

AGED CARE

Aged Care Quality and Safety Commission

Ph. 1800 951 822

<https://www.agedcarequality.gov.au/>

The national regulator of aged care services in Australia, assisting with concerns and complaints about a service provider including health care, personal care assistance, living environment and communication.

Ageing and Disability Commission

General Enquiries Ph. (02) 4904 7500

NSW Elder Abuse Helpline Ph. 1800 628 221

<https://ageingdisabilitycommission.nsw.gov.au>

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An independent agency of the NSW Government, receiving and responding to reports or allegations of abuse, neglect and exploitation of an older person or adult with a disability, focusing on conduct of the person's family and other informal supports, or members known to them from the community. This does not include investigation of conduct of paid service providers.

HEALTH AND MEDICAL

NSW Health Care Complaints Commission

Ph. 1800 043 159 or (02) 9219 7444

Email: hccc@hccc.nsw.gov.au

<https://www.hccc.nsw.gov.au/>

An independent commission that deals with complaints about health service providers in NSW, including health organisations such as hospitals, registered health practitioners including medical practitioners, nurses and dental practitioners, and non-registered health practitioners including alternative health care providers, naturopaths and massage therapists.

NSW Health Professional Councils Authority

Ph. 1300 197 177

Email: HPCA-mail@health.nsw.gov.au

Homepage link here

<https://www.hpca.nsw.gov.au/>

In partnership with HCCC and 15 health professional councils in NSW, NSWHPCA manage complaints about the clinical care and treatment, professional behaviour or health of a registered health practitioner in NSW.

OMBUDSMAN NSW

Ph. 1800 451 524

<https://www.ombo.nsw.gov.au/>

Handling complaints about NSW Government agencies, local councils and community service providers run or funded by government, including Ambulance Service of NSW, public hospitals, Health Care Complaints Commission.

Request for Coroner to Assume Jurisdiction

September 2024

Details of applicant	
Title (Mr, Mrs, Ms, Dr. etc)	
Surname *	
Given Name*	
Organisation (if applicable)	
Email address*	
Postal address	
Contact number	

*Mandatory fields

Details of deceased person	
Surname*	
Given Name	
Date of birth (if known) eg. 01/01/1980	
Age (if known)	
Date of death (if known)	
Place of death* eg. Hospital, suburb or address	
Current location of deceased person*	<input type="checkbox"/> Hospital mortuary: _____ <input type="checkbox"/> Funeral Director: _____ <input type="checkbox"/> Burial or cremation has occurred <input type="checkbox"/> Other, please state: _____
Relationship of applicant to deceased person*	
Are you Senior Next of Kin eg. Either spouse or defacto, adult	<input type="checkbox"/> YES

child, parent, sibling, executor, legal representative	<input type="checkbox"/> NO. Please provide name and contact details of Senior Next of Kin. Their views in relation to this application may be sought: _____ _____
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*Mandatory fields

Details of application	
Has a Medical Certificate Cause of Death (MCCD) been issued by a doctor outlining the probable cause of death	<input type="checkbox"/> YES. Please provide a copy with your application <input type="checkbox"/> NO. Please provide name and contact details of treating doctor/general practitioner:
Where MCCD has been issued, do you have specific concerns about the probable cause of death listed on the certificate	<input type="checkbox"/> YES. Please outline your <u>specific</u> concerns in your application below. <input type="checkbox"/> NO. I do not have concerns about the probable cause of death listed on the MCCD
Where your concerns are of a suspicion of criminal activity, have you reported these concerns to NSW Police*	<input type="checkbox"/> YES. Please provide Event Number, and if applicable, copy of police statement <input type="checkbox"/> NO. Please report your concerns to NSW Police <input type="checkbox"/> I do not have concerns of a suspicion of criminal activity
Where there are care and treatment concerns, have these been reported to another agency*	<input type="checkbox"/> YES. Health Care Complaints Commission (HCCC), file number: _____ <input type="checkbox"/> YES. Aged Care Quality and Safety Commission (ACQSC), file number: _____ <input type="checkbox"/> YES – Other – please specify agency: _____ <input type="checkbox"/> NO. Please indicate in your application why care and treatment concerns have not been reported as above <input type="checkbox"/> I do not have care and treatment concerns
Provide a detailed description of your reason/s for application*	<p><u>All relevant information that is sought for the Coroner to consider must be included with your application.</u> This may include information about hospital admission date/s and length of stay at hospitals and/or nursing home, dates and details of any relevant conversations with treating professionals.</p> <p>All information provided should be in date order of occurrence of events. Bullet point notations are acceptable.</p> <p>Insert the detail of reasons:</p>

Provide a copy of all relevant documents	All documentary evidence relied on to support your request must be <u>included with your application</u> . This may include any medical records, medical certificate cause of death, police statements, nursing home records held by the applicant
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*Mandatory fields

Details of legal representative (if applicable)	
Title (Mr, Mrs, Ms, Dr. etc)	
Surname	
Given Name	
Firm / Organisation (if applicable)	
Position held	
Email address	
Postal address	
Contact number	

Confirmation and acknowledgement	
<p>Confirmation*</p> <p><input type="checkbox"/> I confirm that the information provided in this form and supporting documents is true and correct to the best of my knowledge.</p> <p><input type="checkbox"/> I confirm that I have contacted the health service / provider (where applicable) to discuss my concerns.</p> <p><input type="checkbox"/> I confirm that I have read the “Information Sheet – Which organisation is most appropriate for your concerns”.</p>	
<p>Acknowledgement</p> <p>I acknowledge that my name may be disclosed to the deceased person’s Senior Next of Kin (if the Coroner considers it appropriate to do so) which may be necessary for my application to be processed.</p>	
Signature of Applicant *	Date of submission*
/...../.....

*Mandatory fields

Before you send this form, please check that you have:

- Included all relevant information
- Clearly identified your concerns
- Attached copies of supporting documents or information. Please do not send original documents
- Read and understand the attachment “Which organisation is most appropriate for your concerns”
- Signed and dated the confirmation and acknowledgement above

Please send the application and supporting information to:

The Registrar
Coroners Court of NSW
1A Main Ave
LIDCOMBE NSW 2141

Or email to Lidcombe.Coroners@justice.nsw.gov.au

Please contact the Coroners Court on (02) 8584 7777 if you require assistance or wish to discuss your application prior to submission.