



Complaint Lodgement Form

Office use only

Registration Number:

Complaint Lodgement Form

1. Information for complainants

A complaint should only be lodged if you have been unable to resolve your issue or concern informally. Complainants may be contacted and asked to provide additional information to support their complaint.

2. Personal details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other
What is your family name?					
What is your given name?					

3. Contact details

What is your current residential address?				Postcode
What is your mailing address? (if different to residential address)				Postcode
Email address				
Telephone number				
Mobile phone number				
Preferred contact method:	<input type="checkbox"/> Telephone	<input type="checkbox"/> Mobile	<input type="checkbox"/> Letter	<input type="checkbox"/> Email

4. Complaint details

Have you lodged a complaint about this issue before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, when:	
Have you lodged your complaint to any other agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, to whom:	

5. Complaint summary

When it happened	
Where it happened	
Who was involved	
What happened (details of your complaint)	
What would you like to happen to resolve your complaint	
Attach any documentation that supports your complaint	

6. Acknowledgement

All the information provided above is true and correct to the best of my knowledge.

Signature		Date	
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7. Privacy notice

We will only use the information collected on this form to resolve your complaint and access will only be provided to authorised officers.

In the event that your complaint is unresolved, and you request an external review your details will be disclosed to the Ombudsman for the purposes of the review. Your personal information will not be disclosed to any other organisation unless required to do so by law.

8. Office use only

Investigating officer			
Position		Date	
Complaint lodged	<input type="checkbox"/> by telephone	<input type="checkbox"/> in person	<input type="checkbox"/> in writing
Note: Attachment 4. Formal complaint case management form completed <input type="checkbox"/> Yes <input type="checkbox"/> No			