

Office Use Only

Registration No:

Complaint Form

1. Information for complainants

- A complaint should only be lodged if you have been unable to resolve your issue or concern informally.
- Standard complaints may take up to 30 working days to finalise.
- Complex complaints may take up to 70 working days to finalise.
- Complainants may be asked to provide additional information to support their complaint.

2. Personal details

(Fields marked with an * must be completed)

| | | | | | | |
|-----------------------------------|-----------------------------|------------------------------|-----------------------------|-------------------------------|-------------------------------|---------------------------------|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| * What is your last name? | | | | | | |
| * What is your first name? | | | | | | |

3. Contact details

| | | | | | |
|--|------------------------------------|---------------------------------|--------------------------------|----------------------------------|--|
| What is your current residential address? | | | | Postcode: | |
| * What is your mailing address? | | | | Postcode: | |
| Daytime contact number | | | | | |
| Mobile phone number | | | | | |
| Email address | | | | | |
| Preferred contact method | <input type="checkbox"/> Telephone | <input type="checkbox"/> Letter | <input type="checkbox"/> Email | <input type="checkbox"/> Unknown | |

4. Complaint details

| | | |
|--|---|-----------------------------|
| * Does your complaint involve a breach of privacy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| * Have you reported your complaint to any other agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> If yes, to whom: | |
| * Have you lodged a complaint about this issue before? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> If yes, when: | |

5. Complaint summary

Please outline what happened, when it happened, where it happened and who was involved. If necessary, attach an extra page to outline the complaint. Any documentation that supports your complaint should also be provided (copies only).

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What is your expected outcome?

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6. Acknowledgement

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

| | | | |
|---|--|------------------------------|-----------------------------|
| Signature | | Date | / / |
| I am willing to provide feedback on the ADCQ's complaint management system. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

7. Privacy notice

Our commitment to you:

We will only use the information provided on this form to resolve your complaint. We will usually provide the information you give us to other business unit's within the ADCQ that may have information relevant to your complaint so that it can be managed fairly.

Your personal information will not be provided to any person you are complaining about, unless it is specifically required to ensure your complains is appropriately dealt with. None of the information you provide on this form will be disclosed outside of the ADCQ without your permission, unless we are required to do so by law.

8. OFFICE USE ONLY

| | | | |
|--------------------------------------|------------------------------------|------------------------------------|-------------------------------------|
| * Receiving officer | | | |
| Position | | Date | / / |
| Complaint lodged | <input type="checkbox"/> Telephone | <input type="checkbox"/> In person | <input type="checkbox"/> In writing |
| * Referred to Complaint Co-ordinator | | Date | / / |
| Notes | | | |
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