

**COMPLAINT FORM**

Date:	
Name:	
Advocate Name (if applicable)	
Organisation (if applicable)	
Address:	
Contact Telephone Number:	
Department Involved:	
Summary of Complaint:	
How you would like to see your complaint resolved?	
<p>Please attach any supporting documents and send to the Coordinator or next Management level marked private &amp; confidential to:</p> <p style="text-align: center;">PO Box 128 Matraville NSW 2036 Please list attachments if applicable.</p>	
Date:	Signature:
<b>INTERNAL USE ONLY:</b>	
Acknowledgement Letter Date	
Investigation Start Date:	
Response Letter Date:	
Recommendations: (attach documentation)	
Action Taken: (attach documentation)	
Close Date:	Coordinator/Mgt Signature:
Appeal Date: (if applicable)	
CEO Recommendations: (attach documentation)	
Action Taken: (attach documentation)	
Close Date:	CEO Signature:

All information received is kept confidential and will only be disclosed with prior permission for further investigation or if relevant to the outcome of the investigation.