



COMPLAINT FORM

FILE NUMBER:

1. DETAILS OF PERSON MAKING THE COMPLAINT

Title	First Name	Surname	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Suburb	Post Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone (business hours)	Mobile	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Do you have a disability or other special needs?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please specify: <input type="text"/>	
What is your preferred language?		Do you require an interpreter?	
<input type="text"/>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you completing this form on behalf of another person?			
Please note that a complaint should normally be made personally. There are only two situations in which a complaint may be made by a representative – (1) where the person has died or is not able to act for themselves, and (2) where the complaint is made by a Member of Parliament, with the consent of the person concerned.			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If No , please continue to Section 2.			
If Yes , please identify that person below:			
Title	First Name	Surname	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Suburb	Post Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone	Mobile	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Please describe your relationship with this person:			
<input type="text"/>			

2. DETAILS OF AGENCY OR ORGANISATION

Name of the agency or organisation you are complaining about:

Address

Suburb

Post Code

Telephone (business hours)

Division

Have you contacted the agency or service provider yourself to try and resolve the complaint?

Yes

No

If yes, what happened? If no, why?

3. TIME LIMIT

Date when what you are complaining about took place:

Usually the Ombudsman will not investigate a complaint if the action complained of took place more than two years ago unless there is a reasonable excuse for the delay. If what you are complaining about happened more than two years ago, please explain why you have not complained about it to the Ombudsman until now.

6. HAVE YOU MADE THIS COMPLAINT TO ANY OTHER REVIEW BODY?

The Ombudsman may decline to investigate your complaint if he is satisfied that you have or had a right to have the action about which you complain reviewed by a court or tribunal but haven't exercised that right. Alternatively, if you could apply to have the matter reviewed administratively, the Ombudsman may decline to investigate if you have not done so.

If you can or could have referred the action about which you complain to a court, tribunal or other review body but haven't, you will need to advise why you haven't.

Yes No (Please provide details:)

7. PRIVACY STATEMENT

If you make a complaint under the *Ombudsman Act 1978*, the Ombudsman will collect your personal information. Personal information will be used in the management of the complaint, and may be disclosed to the public authority complained about to enable preliminary enquiries and/or an investigation to be undertaken. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and, on request to the Ombudsman, may be accessed by the individual to whom it relates.

A copy of this complaint form and relevant accompanying documentation is usually sent to the public authority for their response. If there are reasons why this should not be done, please set them out below:

8. SIGNATURE

Signature of person making complaint:

Date:

9. HOW DID YOU HEAR ABOUT THE OMBUDSMAN'S OFFICE?

<input type="checkbox"/> Television	<input type="checkbox"/> Radio	<input type="checkbox"/> Brochure
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Newspaper (please specify)	<input type="text"/>
<input type="checkbox"/> Other (please specify)	<input type="text"/>	

For assistance in completing this form, please phone this office on 1800 001 170.

Send your complaint form to: Office of the Ombudsman and Health Complaints Commissioner, GPO Box 960, HOBART, Tasmania 7001
Email your complaint form to ombudsman@ombudsman.tas.gov.au, or fax it to 6233 8966

The Office of the Ombudsman and Health Complaints Commissioner is located on the Ground Floor at 99 Bathurst Street, Hobart.
The Launceston Office is located in 111 Cameron St, Launceston.

INFORMATION ABOUT COMPLAINT HANDLING

- Wherever possible, before lodging a complaint you are encouraged to resolve your concerns directly with the agency you are complaining about. If you do not try to discuss the matter with the agency first, the Ombudsman may refuse to accept your complaint.
- Your complaint to the Ombudsman needs to be in writing and signed.
- You should give details about your complaint, and you may be asked to provide further information to support it.
- The Ombudsman will then decide whether to accept or decline your complaint. You will be told of the decision soon after the complaint is received.
- If your complaint is accepted, the complaint and any other information you have provided will in most cases be sent to the agency you are complaining about and it will be asked to respond. We ask the agency to do so within two weeks but in some cases it might take longer.
- Some of the material in the response may be confidential and in that situation we will give you a summary. Generally we would hope to provide you with a complete copy.
- We will seek your view on the response and the Ombudsman will then decide on the future course of your complaint.