



Complaint Form

1. Details of person making the complaint

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone (business hours): _____ Mobile: _____

Email address: _____

Do you have a disability or other special needs? ☐ Yes ☐ No

If yes, please specify: _____

What is your preferred language? _____

Do you require an interpreter? ☐ Yes ☐ No

What is your complaint type?

☐ Administrative Action ☐ Public Interest Disclosure

☐ Personal Information Protection ☐ Unknown

Are you making this complaint on behalf of another person? ☐ Yes ☐ No

If **No**, please continue to Section 2. If **Yes**, please identify the person below:

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.

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone (business hours): _____ Mobile: _____

Email address: _____

Please describe your relationship with this person: _____

2. Details of agency or organisation

Name of the agency or organisation you are complaining about: _____

Address: _____

Suburb: _____ Postcode: _____

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:

4. Complaint Details

Please outline your issues of complaint.

- Be as specific as possible. Provide relevant dates and the names of people you have contacted.
- If there is not enough space to describe your complaint, attach extra paper.
- Please attach any documents such as letters, accounts or reports that are relevant to your complaint.

5. Outcomes

What do you wish to achieve by making a complaint?

- | | |
|---|--|
| ☐ Explanation | ☐ Change in policy or procedure |
| ☐ Apology (written/verbal) | ☐ Conciliation |
| ☐ Access service | ☐ Adequate service |
| ☐ Disciplinary action | ☐ Other (please specify) |

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 inquiries and/or an investigation to be undertaken. Personal information will be managed in accordance with the *Personal Information Protection Act 2004*. You can ask the Ombudsman if you want to access your personal information.

A copy of this complaint form (and/or other information you have provided), will be sent to the agency or organisation 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 Ombudsman Tasmania?

- | | | |
|-------------------------------------|--|---|
| ☐ Television | ☐ Word of mouth | ☐ Newspaper (please specify) |
| ☐ Radio | ☐ Brochure | ☐ Other (please specify) |
-

Information about Complaint Handling

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

Send your complaint form to **Ombudsman Tasmania, GPO Box 960, Hobart, Tasmania 7001**

Email your complaint form to **ombudsman@ombudsman.tas.gov.au**

Ombudsman Tasmania is located on Level 6, 86 Collins Street Hobart.