



**Provision of Services  
Complaint Form**



**HUMAN RIGHTS  
COMMISSION**

**Please complete this form in pen.** If you do not understand any part of this form, or if you need assistance to put your complaint in writing, please call one of our staff on (02) **6205 2222**.

**PERSON MAKING THE COMPLAINT**

Mr/Ms (other).....First name.....Last name.....

Address.....

.....Postcode.....

Phone (home)..... (work).....(mobile).....

*In the event that you are not available, do you consent to Commission leaving a message either with the person who answers the phone, or on a message bank?*     yes     no

E-mail address.....Facsimile.....

**I am the person who received the service, or**

If you are **not** the person who received the service, **I am**

- A parent or guardian of a person under 18 years of age who received the service
- A person with legal authority to act on the person's behalf (attach documentary evidence)
- A person appointed to make the complaint by the person who received the service
- A person who wishes to be appointed to make the complaint on behalf of the person who received the service. My relationship to the person who received the service is: ..... and the person who received the service cannot make the complaint because

***My complaint is about:***

- A health service
- A service for people with a disability or their carers
- A service for children and young people or their carers
- A service for older people or their carers

**DETAILS OF THE PERSON OR ORGANISATION THE COMPLAINT IS ABOUT**

Name of Organisation/s: .....

Name of Professional/s: .....

Address.....

..... Post Code .....

The events I want to complain about happened on .....

*(date or period of time)*

*(The Commission may not be able to deal with a complaint if it is more than two years old)*





**COMPLAINT SUMMARY**

**My main concerns are**

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.....  
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.....  
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**OBJECTIVES**

**I would like these things to happen to resolve my complaint**

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.....

**ACTION ALREADY TAKEN**

**The person or organisation complained about has been approached**     YES     NO

*If yes, what was the outcome?*

.....  
.....  
.....

**A complaint has been made to another organisation**     YES     NO

*If yes, please give details*

.....  
.....  
.....

**RETURN THE COMPLAINT FORM TO**

**HUMAN RIGHTS COMMISSION**

Street Address:    Level 4, 12 Moore Street, Canberra City  
Mailing Address:    GPO Box 158, CANBERRA ACT 2601  
Facsimile:            (02) 6207 1034  
E-mail:                [human.rights@act.gov.au](mailto:human.rights@act.gov.au)  
Phone:                 (02) 6205 2222