



# Complaint Form

## Complainant details

Name of complainant(s): \_\_\_\_\_

Address of complainant/s:  
\_\_\_\_\_  
\_\_\_\_\_

Contact phone number of complainant/s:  
\_\_\_\_\_

If a complaint is being made on behalf of someone else:

1. Who is the complaint on behalf of: \_\_\_\_\_
2. Who is making the complaint: \_\_\_\_\_
3. What is their relationship \_\_\_\_\_
4. Does the representative have the complainant's written consent to represent their interests?  
Yes \_\_\_\_\_  
No \_\_\_\_\_

Details of the complaint (If insufficient space, attach extra pages)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The complainant's desired outcome is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed

Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

