

Complaint form



Your complaint

We use the word 'agency' to describe all of the Queensland state government departments, local councils, public authorities that we can investigate. Sometimes agencies use non-government entities to deliver services to the community. We can also investigate those entities.

Which Queensland agency or entity are you complaining about? _____

Have you already complained directly to the agency or entity? Yes No

We recommend you complain to the agency or entity first. If you complain to us without complaining to the agency or entity first, we will only accept your complaint in exceptional circumstances.

Have you complained to any other agency about this matter? Yes No

If yes, please indicate below. Attach copies of any relevant documents.

- | | |
|--|---|
| <input type="checkbox"/> Queensland Civil and Administrative Tribunal (QCAT) | <input type="checkbox"/> Office of the Health Ombudsman (OHO) |
| <input type="checkbox"/> Crime and Corruption Commission (CCC) | <input type="checkbox"/> Office of the Information Commissioner (OIC) |
| <input type="checkbox"/> Queensland Human Rights Commission (QHRC) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Energy and Water Ombudsman (EWO) | |

You can respond to the questions below, or attach a separate sheet if you need more space.

What happened and when?

What was the agency or entity's response to your complaint?

Why do you think the agency or entity's response is wrong?

How do you want your complaint fixed?

Your contact details*

Title: _____ First name: _____ Last name: _____

Phone number: _____

Email: _____

Address: Number: _____ Street: _____

Suburb: _____ State: _____ Postcode: _____

Consent to refer your complaint - We may need to send your complaint, including any relevant documents you provide, back to the agency or entity for their action. Sometimes we may need to send it to another agency to review the matter. Do you agree to let us do that? Yes No

Have you attached copies of relevant correspondence or other documents? Yes

Signature: _____ Date: _____

More about you*

Do you identify as an Aboriginal and/or Torres Strait Islander person?

Yes, Aboriginal Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander No Prefer not to say

If we need to contact you, and you need an interpreter, please write your preferred language. Using an interpreter is free. _____

Do you have a disability that means you need help to access our services? (e.g. sight, hearing, speech, communication preferences or concerns) _____

Which age group are you in?

Under 18 18-24 25-34 35-44 45-54 55-64 65+

Once you have completed this form, attach copies of any relevant communication related to this complaint and mail it to:

Queensland Ombudsman, GPO Box 3314, Brisbane, QLD 4001

We will review the information you send us to identify:

- if your complaint is about an agency we can investigate
- if your complaint is ready for us to investigate.

We will contact you within 10 days of receiving your complaint.

Phone (07) 3005 7000 | www.ombudsman.qld.gov.au

***Your privacy:** In making this complaint, you give us personal information, including your name and contact details. This personal information is handled according to the *Information Privacy Act 2009*. We will use relevant personal information to assess and/or investigate your complaint and respond to you. It may be necessary to give relevant information to the agency you have complained about so they can give us a response. You can contact us for more information about privacy, including a copy of our *Privacy Plan*.