



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**

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

**OBJECTIVES**

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

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

**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



**Content Pages**

- [Add](#)
- [Edit](#)
- [Move](#)
- [Delete](#)

**Content Categories**

- [Add](#)
- [Edit](#)
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## Edit Content Category

Fields marked with an asterisk (\*) are required.

### Parent Path

**Health Services** » Make a complaint

### Category Details

\* Name:

Link URL:

Plugin Name:  (this is usually left blank)

CSS Class:  (used to customise style)

### Category Status

Visible:  Yes  (is this category visible on the web site?)