

safe steps Family Violence Response Centre Complaints Form

Information for Applicants:

- Complaints should only be lodged a complainant in writing if you have been unable to resolve your issue or concern informally.
- You will receive acknowledgment of your lodged complaint within three (3) business days upon **safe steps** Family Violence Response Centre having received your complaint/appeal.
- We may ask you for further information in relation to your complaint.
- **safe steps** Family Violence Response Centre will endeavour to resolve your complaint within a reasonable timeframe usually twenty eight (28) business days upon receipt of the written complaint and all further information in relation to it or as soon as practicable. However, in some cases, particularly if the matter is complex the resolution may take longer.
- Applicants may be asked to provide additional information to support their complaint.
- Please complete all fields on this form.
- Please submit this form to the Privacy Officer GPO Box 4396 Melbourne Vic 3001 or via email, privacyofficer@safesteps.org.au

PART A - APPLICANT DETAILS

Personal Details

Title_____	First Name_____	Surname_____
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth_____	Phone (Home)_____	Mobile Phone_____
Home Address_____	Suburb_____	Post Code_____
State_____	Country_____	
Postal Address_____	Suburb_____	Post Code_____
<i>(if different from Home Address)</i>		
State_____	Country_____	

PART B - COMPLAINT DETAILS

Please provide details of the nature of your involvement with **safe steps** Family Violence Response Centre:

Please provide details of your complaint:

(If necessary attach an extra page to outline the details. Any supporting documentation should also be provided (copies required only))

Does your complaint involve behaviour by a particular staff member of **safe steps** Family Violence Response Centre? If so please provide the name of the staff member involved and any information about the staff member's involvement:

☐ Yes

☐ No

Name of staff member _____

Nature of involvement:

Please provide details regarding how the complaint has affected you:

Please provide details in relation to how you became aware of the complaint:

Does your complaint require urgent attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lodged a complaint about this issue before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when:	
Have you reported your complaint to any other agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, to whom:	
What is your expected outcome?	
Please provide the contact number and time to contact you regarding the complaint:	