# Diversity ACT Complaints form

## Your details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Last name** | Click or tap here to enter text. | | **First name** | Click or tap here to enter text. | | |
| **Address** | Click or tap here to enter text. | | | | | |
| **State** | Click or tap here to enter text. | | **Postcode** | Click or tap here to enter text. | | |
| **Email** | Click or tap here to enter text. | | **Phone number** | Click or tap here to enter text. | | |
| **Main language** | Click or tap here to enter text. | | **Interpreter required?** | | ☐ Yes | ☐ No |
| **If you are submitting this complaint on behalf of another person, please provide their details. Otherwise, please continue to the Complaint details section.** | | | | | | |
| **Last name** | Click or tap here to enter text. | | **First name** | Click or tap here to enter text. | | |
| **Relationship to you** | | Click or tap here to enter text. | | | | |
| **Reason you are submitting this complaint on their behalf** | | Click or tap here to enter text. | | | | |

## Complaint details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. If your complaint is related to a person, please provide their details. Otherwise, please continue to point 2.** | | | | |
| **Last name** | Click or tap here to enter text. | | **First name** | Click or tap here to enter text. |
| **Role in Diversity ACT** | | Click or tap here to enter text. | | |
| **2. If your complaint is related to a specific event, please provide the details. Otherwise, please continue to point 3.** | | | | |
| **Date** | Click or tap here to enter text. | | **Location** | Click or tap here to enter text. |
| **Event/situation** | | Click or tap here to enter text. | | |
| **3. Please provide a short description of the complaint.** | | | | |
| Click or tap here to enter text. | | | | |
| **4. If you are seeking any specific outcome from this complaint, please provide details.** | | | | |
| Click or tap here to enter text. | | | | |

## Privacy consent

The Diversity ACT Committee will collect personal information about you and your complaint to manage your complaint in line with our complaints process. Please read the [Diversity ACT Complaints policy and procedure](https://diversityact.org.au/diversity-act-complaints-procedure/) and the [Diversity ACT Privacy policy](https://diversityact.org.au/privacy-policy/) for more information on how we will deal with your information.

If you are submitting this complaint on behalf of another person, you must have their permission to share their private information.

I acknowledge the private information included in this form will be collected by the Diversity ACT Committee in line with the Diversity ACT Complaints policy and procedure and the Diversity ACT Privacy policy.

**Signature:**

**Date:** Click or tap to enter a date.



## Submit your complaint

You can submit this completed form by email to [info@diversityact.org.au](mailto:info@diversityact.org.au)

You can also post it to:

Diversity ACT  
Complaints  
PO Box 101  
Erindale Centre, ACT 2903

Diversity ACT will contact you within three working days of receiving this complaint to acknowledge receipt.