



## FRNSW Community Complaint Form

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

Complainant Details	Respondent Details (if known)
Name:  Address:  Phone:  Email:  Preferred method of contact:	Name:  Position:  Location:  Is this person aware you have made a complaint?  Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Other people involved / witnesses</b> (If applicable):  	
<b>Do you wish to remain anonymous</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Please outline your reasons here:</b>  
<b>Complaint Details:</b> (Brief description of complaint background / history)  	
<b>Have you reported this matter to anyone else?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Additional Information for Consideration</b>  	
<b>What outcome do you want to see, or believe would be appropriate as a result of the outcome of your complaint?</b>  	

I declare that the information provided in this complaints form is true and correct to the best of my knowledge. I acknowledge that the information provided in this complaint form may be used by FRNSW for reporting purposes, monitoring and evaluation, in accordance with privacy laws.