

# ACTCS

## Client Feedback Forms

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*If you need assistance with completing this form, please contact a staff member.*

**Would you like to make a**

Compliment

Comment

Complaint

**What would you like to tell us?**

Please attach any relevant documents.









**Your details**

Name

--

Address


Telephone (day time)

--

Telephone (evening)

Email address

Date of Birth (optional) ...../...../..... Male  Female

Preferred Language: .....

The best way to contact me is .....

**If you are providing feedback on behalf of someone else, please fill in this section**

Name (of person you are providing feedback for)

Address

  

Telephone (day time)

Telephone (evening)

Email address

What is your relationship to the person you are providing the feedback on behalf of?

Parent of a child under eighteen

Person appointed by the complainant

Legal Guardian

Other (specify) .....

**Authorisation (If you are providing feedback on behalf of someone else)**

*Authorisation must be signed by the person you are representing.*

I authorise ..... to lodge a complaint or provide feedback as my representative and to access information relating to the complaint against the service area within ACT Justice and Community Safety Directorate.

Signature: Date ...../...../.....

**What to do with the form?**

Give the form to one of our staff, or post to:

Senior Manager

Ministerial Support Unit

GPO Box 158

Canberra ACT 2601

**Where else can I go for help?**

You are entitled to contact a range of oversight agencies including the Ombudsman and the Human Rights Commission.

ACT Ombudsman (free call)

Ground floor 1 Farrell Place

Canberra ACT 2600

Phone: 1300 362 072



Human Rights Commission  
GPO Box 158  
Canberra ACT 2601  
Phone: (02) 6205 2222