

## Complaint Lodgement Form

Use of this form to lodge a complaint with DITID is not compulsory. Using the form may assist you to recall and record information that will help any enquiry into your complaint.

Please complete the form, print it and post it to

**Private and Confidential**  
**Manager, People and Business Partnering**  
**GPO Box 15168**  
**City East Qld 4002**

You can also print, scan and then email the form to [ethics@ditid.qld.gov.au](mailto:ethics@ditid.qld.gov.au)

Name and contact details of person completing the form (if you are not the complainant)			
<b>COMPLAINANT DETAILS</b>			
Name (In full)			
Address			
Home Telephone			
Business Telephone			
Mobile			
E-mail Address			
<b>Preferred way for us to contact you:</b>			
<b>Do you have a disability or other special need that we need to be aware of?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>If yes, please specify:</b>			
<b>COMPLAINT DETAILS</b>			
Type of complaint:	Service Delivery <input type="checkbox"/>	Information / Product <input type="checkbox"/>	Employee Behaviour <input type="checkbox"/>
Name of person (s) you are complaining about, if known, or relevant			
Date Of Incident			
Time Of Incident (if known)			
Location Of Incident			
Summary of complaint - What happened? Who was involved? When and Where did it happen? Complete and attach separate sheet if necessary.			
Have you reported this matter to any other department/agency?			
If so, which department/agency? (please supply contact details) and what was the outcome? (eg Qld Police Service, Ombudsman, CMC)			
Is there any supporting documentation? Please attach any material you consider relevant.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
What action do you expect to be taken as a result of your complaint?			

We take complaints seriously. We will acknowledge receipt of the complaint within 5 working days. When we acknowledge receipt, we will advise you who will be managing the enquiry and give you an estimate of how long we expect to need to look into the matter and come back to you.

Any information you provide will be treated in confidence as far as possible. However, you should be aware that information you provide may be:

- Put to others for verification
- Used in reports to management or other agencies such as the Crime and Misconduct Commission, or the Queensland Police Service
- Used for decisions on the best way to manage the issue, or
- Able to be accessed by others under right to information or information privacy access applications

Thank you for bringing this matter to our attention.

**Privacy notice**

The Department of Innovation, Tourism Industry Development and the Commonwealth Games, is collecting the information on this form to act on a complaint. Only authorised departmental officers have access to this information. Your personal information will not be disclosed, other than as outlined above, to any other third party without your consent, unless required by law or for the purposes of the Information Privacy Act 2009.

I understand and acknowledge the above information about Privacy and how the information provided will be used. If I am completing this form on behalf of the complainant, I have advised the complainant of the above information.

.....  
your signature

.....  
date

Completing this section is not compulsory. Information relates to the complainant.

Date of birth \_\_\_\_\_

Male  Female

Do you identify yourself as an aboriginal person or Torres Strait Islander?

Yes  No

If Yes, what do you identify as? \_\_\_\_\_

Do you identify yourself as being part of any other ethnic or cultural group?

Yes  No

If Yes, Please Specify \_\_\_\_\_

Is a language other than English the main language spoken at your home?

Yes  No

If Yes, Please Specify \_\_\_\_\_