EQUAL OPPORTUNITY COMMISSION

COMPLAINT FORM

(EXTERNAL CUSTOMERS/CLIENTS – GENERAL PUBLIC)

(Tick boxes where necessary)

FULL NAME (COMPLAINANT)	**Mr** ☐ **Mrs** ☐ **Ms** ☐		
ADDRESS			**POSTCODE**
COMPLAINANT CONTACT DETAILS	**PHONE** (H) (W)	**FAX** **(H)** **(W)**	**EMAIL ADDRESS**
COMPLAINT AGAINST BRANCH (if known)	**Name of Branch**	**COMPLAINT AGAINST AN EMPLOYEE**	**Name of Employee** (Where Applicable**)**
DATE COMPLAINT OCCURRED		**DATE COMPLAINT RECEIVED**	(Office use only)

COMPLAINT DETAILS: (include any relevant history, background etc.)
Please attach any additional information or separate papers relevant to this complaint to this form.
RESOLUTION REQUESTED BY COMPLAINANT (Brief Summary):

(Office use only)
ACTION TAKEN (Brief Summary):

FOR OFFICE USE ONLY

Review Notes: (Receiving Officer or Manager)

Receiving Officer (Print Name)		**Title**	
Branch		**Date**	

Complaint Resolved by Receiving Officer (Tick) **Yes** ☐ **No** ☐	**Complaint Referred to Manager for Resolution** (Tick) **Yes** ☐ **No** ☐
Satisfactorily finalised by Receiving Officer **(Receiving Officer's Signature)**	**Satisfactorily finalised by Manager** **(Manager's Signature)**

DATE SATISFACTORILY FINALISED:	**DAYS TAKEN TO SATISFACTORILY FINALISE:**

SERVICE IMPROVEMENT(S):
Please provide details of any service improvement(s) arising from the complaint.

Complaint Category - Please mark a Tick (✓) in the appropriate box

☐ **Government**	☐ **Complainant**	☐ **Other (Please provide details)**
☐ **Non-Government**	☐ **Respondent**	_____
☐ **Private**	☐ **Community Education/Training Participant**	_____
	☐ **Enquiry – Telephone**	_____
	☐ **Enquiry – Written**	_____
	☐ **Enquiry – Visitor**	

Please attach any letters/memos relevant to the complaint. On completion please file all documentation in your Branch's *Complaint Handling* File in accordance with the EOC's *Complaints Handling Policy and Procedures*.