



Tharawal Housing Aboriginal Corporation (THAC)

COMPLAINTS AND APPEALS FORM

Privacy Notice

Tharawal Housing Aboriginal Corporation values the right and privacy of all clients. Tharawal Housing Aboriginal Corporation will not share your personal information unless required to by law or consent has been given. The information collected from you or a third party will be held by Tharawal Housing Aboriginal Corporation. Tharawal Housing Aboriginal Corporation complies with NSW privacy legislation when collecting and managing personal information. We may use your information within our organization when coordinating and planning ways to provide better service delivery. Information will only be disclosed to outside bodies when legal required to and in certain circumstance.

Client Number

Title - Mr, Mrs, Ms, Miss

Last name or family name

Given name/s

Unit/House number

Street /Avenue

Town or Suburb

Postcode

Phone

Mobile

Email

Contact number during business hours

Do you have a representative with whom you would like us to discuss your complaint?
For example an Advocate or Support Officer, etc.

No

Yes

Name of representative

Mailing Address

Town or Suburb

Postcode

Phone number

Mobile

Email

Please advise the property officer as soon as possible if any of your contact details change

Are you logging a Complaint OR are you lodging an Appeal

COMPLAINT (go to Section 1)

APPEAL (go to Section 2)



COMPLAINTS AND APPEALS FORM

SECTION 1 COMPLAINTS

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Who are you complaining about?

Individual / Organisation / Agency

Individual(s) involved (if known)

Address

Postcode

If you are complaining about more than one person / organisation / agency, please provide the details on an additional page (Tick which ever applicable)

I have an additional page

I do not have an additional page

Have you complained to the person you are complaining about?

The Board requires that, as an initial step, you raise complaint in writing with the person you are complaining about and allow them twenty eight (28) working days to respond.

Have you done this?

YES

NO

If yes, what was the response, if any? Please attach a copy (not the original) of your complaint to the person you are complaining about and any letter of reply you have received.

I have attached a copy of the letter of reply.

I do not have a letter of reply.

If no, is there any reason you cannot do so?

Your Complaint

How do you believe your rights have been ignored / disregarded?

Please describe the events which you allege were an interference / barrier with your housing / application / allocation. (please attach additional sheets of your statement if necessary).

We need to know:

- What the events / circumstances are
- What happened
- Where it happened
- When it happened (include dates)
- Who did it (include names of individuals involved)
- How and when you found out about it, and
- Any other relevant details



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SECTION 1 COMPLAINTS

Your Complaint:

How would you like to see your complaint resolved? What outcome would you like?

Have you taken this complaint to another agency or organisation? YES NO

If yes, please give details and provide copies of relevant documents

Name of Agency / Organisation

Date of complaint

Are they dealing with your complaint YES NO

Documents

Please give us copies (not the original) of any documents that may help us to investigate your complaint (for example, any correspondence or records of conversations you have had with the person your are complaining about, include their letter of reply)

Please sign and date this form.

(Print) Name _____

Sign _____ Date ____ / ____ / ____

Office Use Only

A photocopy of each document attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Each photocopy signed and dated by the tenant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirmation sent to client	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tenant's file updated	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Staff initials

DD / MM / YYYY

DD / MM / YYYY



COMPLAINTS AND APPEALS FORM

SECTION 2 APPEALS

What decision are you appealing? (Please include copies of any correspondence)

Who is the person that made the decision you are dissatisfied with?

Name

If unknown please tick

Unknown

What is their title and where do they work?

Job title / position

Organisation

What outcomes are you seeking?

How would you like us to respond to this matter?

(Tick which ever applicable)

In writing and phone call

In writing only

Please sign and date this form.

(Print) Name _____

Sign _____ Date ____ / ____ / ____

Office Use Only

A photocopy of each document attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Each photocopy signed and dated by the tenant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirmation sent to client	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tenant's file updated	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Staff initials