

Form 12 Complaint form

v2.08-2013

Victims of Crime Assistance Act 2009

Office use only

Application number _____

A complaint form can be lodged if you consider that a Queensland government agency or officer has engaged in conduct that is inconsistent with one or more of the Fundamental Principles of Justice for victims.

If your complaint is about a government agency other than the Department of Justice and Attorney-General please contact the agency directly. If you do not receive a satisfactory response, or do not wish to lodge a complaint with them directly, you can complete this form and lodge it with Victim Assist Queensland. Victim Assist Queensland will then contact the agency to inform them of your complaint.

Section 1 - Details of complainant

| | | | |
|--|----------------------|--|----------------|
| Title (e.g. Mr, Mrs, Ms, Miss) | | | |
| Family name: | | | |
| Given name/s: | | | |
| Middle name/s: | | | |
| Address: | Unit/Building No. | Street No. | Street Name |
| | Suburb/Town/Locality | | State Postcode |
| Telephone number: | () | Mobile/alternative number: | () |
| Email: | | | |
| Fill out this section if you are making a complaint on behalf of someone else | | | |
| Title (e.g. Mr, Mrs, Ms, Miss) | | | |
| Family name: | | | |
| Given name/s: | | | |
| Middle name/s: | | | |
| Address: | Unit/Building No. | Street No. | Street Name |
| | Suburb/Town/Locality | | State Postcode |
| Your relationship to the complainant: | | | |
| If the complainant has not signed this form authorising you to complete the form on their behalf please provide written proof of authorisation with this form. | | | |
| Have you already lodged a complaint with a Queensland Government department about this matter? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Yes, please detail the department's name, the date of lodgement and any outcome or advice you have been given to date. | | | |
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Section 2 - Complaint details

| | | | |
|---|--|---|----------------|
| Department against which the complaint is made: | | | |
| Name of person you dealt with (optional): | | Date that the issue occurred (or approximate if unknown): | DD / MM / YYYY |

Please complete the table below.

| Fundamental Principles of Justice for Victims | What conduct occurred that you believe was inconsistent with the Justice Principles? |
|---|--|
| Fair and dignified treatment | |
| Privacy of victim | |
| Information about services | |
| Information about investigation of offender | |
| Information about prosecution of offender | |
| Victim to be advised on role as witness | |
| Contact between victim and accused to be minimised | |
| Giving details of impact of crime on victim during sentencing | |
| Information about convicted offender | |

Section 3 - Additional information

Please provide any additional information about the event that led to you making this complaint and how you felt.

Please include copies (not originals) of any documents which may assist with the investigation. *Attach a separate sheet if more space is required.

What would you like to happen by making this complaint? (i.e. receive an apology, an explanation, change to policy etc.)

Section 4 - Signature

Please sign and date this form as proof that the information you have provided is true and accurate.

| | | | |
|-------------------------------------|--|------|----------------|
| Applicant's Signature | | Date | DD / MM / YYYY |
| Complainant Authorisation Signature | | Date | DD / MM / YYYY |

(If the form was completed by a person other than the complainant)

What happens now?

Thank you for telling us about the complaint. Your complaint will be recorded in the Victim Assist Queensland complaints management system, acknowledged in writing to you, verified, investigated and responded to. Every effort will be made to resolve the complaint within 30 working days, however for complex complaints the process may take longer.

Where do I send the complaint form?

You can email it to a secure email: victimslinkup@justice.qld.gov.au

Or post it to:

Victim Services Coordinator
Victim Assist Queensland
GPO Box 149
Brisbane QLD 4001

Or hand deliver to:

Level 6, 154 Melbourne Street, South Brisbane

More information:

For assistance in completing this form or more information about your complaint, please contact Victims LinkUp on 1300 546 587.

Privacy notice:

The Department is collecting your personal information for the purpose of investigating and dealing with your complaint against the Government department, under the *Victims of Crime Assistance Act 2009*. It is the Department's usual practice to disclose information provided on this form to the designated complaint contact officer within the department where the complaint has occurred.

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