

REFERENCE NO.

Z

For ADC use only



You **MUST** clearly print in English and ensure relevant supporting documentation is attached.

Please complete this complaint form in **black** or **blue** pen.

**SECTION A. COMPLAINANT DETAILS**

ADC reference no. (if applicable)

Z

Surname or family name

Given name(s)

Other name(s)

Date of birth (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**SECTION B. COMPLAINANT ADDRESS**

Number and street

Suburb/Town/City

Postcode

Country

Home phone number  
(Including country code)

+

Mobile number  
(Including country code)

+

Email address

SECTION C. COMPLAINT or INCIDENT DETAILS

Date of Incident or  
Complaint:

(DD/MM/YYYY)

□	□	/	□	□	/	□	□	□	□
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Time of Incident or  
Complaint:

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Incident or Complaint  
reported to?

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Date Incident /  
Complaint:

(DD/MM/YYYY)

□	□	/	□	□	/	□	□	□	□
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Nature of Incident or  
Complaint:

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Details or Incident or  
Complaint:

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Complaint resolution  
expectations:

Meeting requested:

Y / N

Complainant's Signature

Date:



Post completed form to: PO Box 13278, Law Courts Vic 8010, Australia

If you plan on sending your documents via courier, please use the ADC physical address.

Please note the ADC will be relocating between 16 and 20 April 2018 to its new offices at **Level 6, 469 La Trobe Street, Melbourne, 3000.**

Office use only

Complaint received by

Date received

Action taken or required

Date action  
completed

Signature