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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | |
| The Department of Territory Families, Housing and Communities has an internal complaints and dispute resolution process designed to deal promptly and fairly with complaints that are not able to be resolved satisfactorily by the regional office. All information you declare on this complaint form will remain confidential. | | | | | | | | | | | | | | | | | | | | |
| Contact details | | | | | | | | | | | | | | | | | | | | |
| Please tick the option relevant to the person completing this form | | | | | | | | | | Current tenant  Applicant or ceased applicant | | | | | | | Ceased tenant  Private resident | | | |
| Title | | | | Mr  Mrs  Ms  Miss  Other | | | | | | | | | | | Date of birth | | | | / / | |
| First name(s) | | | |  | | | | | | | | | | | | | | | | |
| Last name | | | |  | | | | | | | | | | | | | | | | |
| Please provide details of any other names, if applicable.  e.g. maiden name, skin name, name changed by deed poll. | | | | | | | | | | | | |  | | | | | | | |
| Are you of Aboriginal and/or Torres Strait Islander origin? | | | | | | | | Aboriginal  Torres Strait Islander  Do not identify as Aboriginal or Torres Strait Islander | | | | | | | | | | | | |
| Residential or community address | | | | | |  | | | | | | | | | | | | | | |
| Postal address (if different from residential) | | | | | |  | | | | | | | | | | | | | | |
| Home phone | | | |  | | | | | | | Work phone | | | | |  | | | | |
| Mobile phone | | | |  | | | | | | | Other phone | | | | |  | | | | |
| Email | | | |  | | | | | | | | | | | | | | | | |
| Support person / alternative contact | | | | | | | | | | | | | | | | | | | | |
| Please complete the following only if a support person or an alternative contact such as a family member, relative, advocate or legal representative is helping you with this complaint.  You need to complete an ‘Authorisation to Disclose Personal Information’ form or provide a letter to allow the Department of Territory Families, Housing and Communities to communicate with this person on your behalf. | | | | | | | | | | | | | | | | | | | | |
| Full name | | | | |  | | | | | | | | | | | | | | | |
| Organisation (if applicable) | | | | | | |  | | | | | | | | | | | | | |
| Relationship (if applicable) | | | | | | |  | | | | | | | | | | | | | |
| Residential or community address | | | | | | |  | | | | | | | | | | | | | |
| Postal address (if different from residential) | | | | | | |  | | | | | | | | | | | | | |
| Mobile phone | | | | |  | | | | | | | Other phone | | | | |  | | | |
| Email | | | | |  | | | | | | | | | | | | | | | |
| Complaint details | | | | | | | | | | | | | | | | | | | | |
| Is the complaint about a Public Housing Safety Officer? | | | | | | | | | | | | | Yes | | | No | | | | |
| Have you spoken with a Department of Territory Families, Housing and Communities officer about your complaint? | | | | | | | | | Yes (if yes, please provide details below)  No | | | | | | | | | | | |
| Name of Department officer | | | | |  | | | | | | |
| Office location | | | | |  | | | | | | |
| Please explain in your own words what the complaint is about. If you need more space, please attach additional pages. | | | | | | | | | | | | | | | | | | | | |
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| Disclaimer | | | | | | | | | | | | | | | | | | | | |
| The Department of Territory Families, Housing and Communities collects only your personal information which is necessary to provide housing assistance under the *Housing Act 1982* and its Regulations. If you do not provide the requested information we may not be able to provide you with assistance. The information collected will not be disclosed to anyone without your consent unless it is required or authorised by law in accordance with the Information Privacy Principles at Schedule 2 of the *Information Act 2002* (NT). You have a right to access and correct the information held about you. If you have any queries or concerns please contact Freedom of Information, Department of Corporate and Digital Development on 8999 1793, email [FOI@nt.gov.au](mailto:FOI@nt.gov.au) or write to GPO Box 2391, Darwin NT 0801. | | | | | | | | | | | | | | | | | | | | |
| Declaration | | | | | | | | | | | | | | | | | | | | |
| I, | |  | | | | | | | | | | | | | | | | | | (Full name) |
| Declare to the best of my/our knowledge, the information provided is true and correct. | | | | | | | | | | | | | | | | | | | | |
| Signature | | |  | | | | | | | | | | | | Date | | | / / | | |
| This application can be lodged via post or email to:  Housing Complaints & Appeals Unit  Department of Territory Families, Housing and Communities  PO Box 37037, Winnellie NT 0820  Email: [Housing.Complaints@nt.gov.au](mailto:Housing.Complaints@nt.gov.au)  You may also lodge this application at any Housing office. For further information contact the 24/7 Housing Complaints Line on 1800 685 743. | | | | | | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | | | | | | |