

## Your details (the complainant)

Title	Mr   Mrs   Ms   Miss   Dr
First name(s)	
Last name	
Address	
	[State] [Postcode]
Telephone	Mobile
Email	

Are you making this complaint on behalf of another person?

Yes ☐ ⇨ Please provide their details below

No ☐ ⇨ Skip to next page

Details of the person you are making the complaint for

Title	Mr   Mrs   Ms   Miss   Dr
First name(s)	
Last name	
Address	
	[State] [Postcode]
Telephone	Mobile
Email	

Are you authorised to make this complaint on behalf of this person?

Yes ☐ ⇨ Please attach written authority

No ☐ ⇨ See following note

**Note:** You must have authorisation to make a complaint on behalf of another person. Please seek written authorisation before lodging this complaint.