

Information for Applicants:

- Complaints should only be lodged a complainant in writing if you have been unable to resolve your issue or concern informally.
- You will receive acknowledgment of your lodged complaint within three (3) business days upon Arthritis & Osteoporosis New South Wales having received your complaint/appeal.
- We may ask you for further information in relation to your complaint.
- AONSW will endeavour to revolve your complaint within a reasonable timeframe usually twenty eight (28) business days upon receipt of the written complaint and all further information in relation to it or as soon as practicable. However, in some cases, particularly if the matter is complex the resolution may take longer.
- Applicants may be asked to provide additional information to support their complaint.
- Please complete all fields on this form.
- Please submit this form to either privacy@arthritissnw.org.au or Privacy Officer, Arthritis & Osteoporosis NSW, Locked Bag 2216, North Ryde NSW 2216.

Complaints Form

PART A - APPLICANT DETAILS

Personal Details	Title _____	First Name _____	Surname _____
	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Date of Birth _____	Phone (Home) _____	Mobile Phone _____
	Home Address _____	Suburb _____	Post Code _____
	State _____	Country _____	
	Postal Address _____	Suburb _____	Post Code _____
	<i>(if different from Home Address)</i>		
	State _____	Country _____	

PART B - COMPLAINT DETAILS

Please provide details of the nature of your involvement with AONSW:

Please provide details of your complaint:

(If necessary attach an extra page to outline the details. Any supporting documentation should also be provided (copies required only))

Does your complaint involve behaviour by a particular staff member of AONSW? If so please provide the name of the staff member involved and any information about the staff member's involvement:

Yes

No

Name of staff member _____

Nature of involvement:

Please provide details regarding how the complaint has affected you:

Please provide details in relation to how you became aware of the complaint:

Does your complaint require urgent attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lodged a complaint about this issue before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when:	
Have you reported your complaint to any other agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, to whom:	
What is your expected outcome?	
Please provide the contact number and time to contact you regarding the complaint:	