



COMPLAINT INVESTIGATION CONSENT FORM

I _____(name) give permission to the Department of Families, Housing, Community Services and Indigenous Affairs to disclose my personal information to any individuals or organisations, including third parties, involved in the complaint for the purpose of investigating and reporting on my complaint.

SIGNATURE _____
 DATE _____

I also give permission to any individuals or organisations involved in the complaint to disclose my personal information to the Department of Families, Housing, Community Services and Indigenous Affairs for the purpose of investigating and reporting on my complaint by the Department.

SIGNATURE _____
 DATE _____

If you are under 18 years of age your parent/guardian will also need to sign this on your behalf

Full name of parent/guardian

Signature of parent/guardian

Date _____

Consent to be contacted in the future

FaHCSIA is committed to continuous improvement and ensuring it provides the best services for complainants. As part of this commitment complainants may be contacted to obtain feedback about the service they receive.

[] I consent to being contacted in the future to provide feedback on the services that the complaints team provide (please tick if applicable).