Indigenous Consumer Assistance Network
209 Buchan Street, Bungalow QLD 4870
P.O. Box 1109, Cairns North QLD 4870
Phone: 1300 369 878 / (07) 4031 1073

Complaint Form

This form is to assist you in making a complaint to ICAN.

- All persons wishing to make a complaint can speak with the Manager or staff member of choice, or choose to complete this form.
- All information is strictly confidential.
- If you feel unsure about anything or would like help to complete this form, please speak to the Administration Officer.
- We encourage you to make your complaint in writing. Please allow a maximum of ten (10) days for a response.

Personal details

The information provided will be used to contact you. Only provide the contact details that you wish to be contacted on.

Name: Mr/Mrs/Miss/Ms	
Postal Address & Postcode:	
Email:	
Phone No:	
Mobile:	

Have you lodged a complaint with our organisation before?

- ❑ Yes The matter was resolved / The matter was not resolved
- ❑ No

Comments:

Is there someone else (legal representative or support person) that you would like involved in making this complaint?

- ❑ Yes
- ❑ No

Name of legal representative/support person	
Postal Address:	
Email:	
Phone No:	

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Details of the complaint

Is the complaint related to:

	Details
❑ Employee of the organisation	_____
❑ Volunteer of the organisation	_____
❑ Service delivery	_____
❑ Facilities	_____
❑ Specific incident	_____

What happened?
Where it happened?
When it happened? (Include date if possible)
Who was involved? (List all persons involved and witnesses)
Did someone witness the incident? Would they be willing to be contacted regarding your complaint? If so, provide the name and contact details. (Inform the witness that they may be contacted by the organisation to discuss the matter.)
Any other relevant details:

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Have you discussed the matter with the person/s involved?
❑ Yes ❑ No

If Yes, what was the outcome, if any? Please attach a copy (not the original) of your complaint to the respondent and any letter of reply you have received.	
If No, is there any reason/s that you cannot do so? Do you need help to do this, e.g. for safety reasons, cultural reasons?	

How would you like to see your complaint resolved? What action would you like the organisation to take to resolve your complaint?

Additional information/supporting documentation

Please attach copies (not the original) of any documents that may help us to handle the complaint, e.g. if you have letters, emails or faxes or records of conversations you have had with the person/s associated with the complaint.

To help us resolve this matter as fast as we can, please ensure your contact details are kept up to date. If details change, let the organisation know as soon as you can.

Please sign and date this form.

Signature: _____ Date: _____