



## FOI Complaint Form

The National Education and Education and Care Services Freedom of Information Commissioner (NECS FOI Commissioner) can investigate complaints from anyone about how the Australian Children’s Education and Care Quality Authority (ACECQA) or a State or Territory Education and Care Services Regulatory Authority has carried out its powers and functions under the Commonwealth *Freedom of Information Act 1982*. The Commissioner encourages you to raise your complaint with ACECQA or the State or Territory Regulatory first and give them an opportunity to address your concerns before applying to the Commissioner.

**It is preferable that a complaint to the NECS FOI Commissioner is submitted in writing. If you have trouble completing this form please send an email to [enquiry@necsopic.edu.au](mailto:enquiry@necsopic.edu.au) or call the office on (03) 9654 1077**

The form can be completed and submitted online at [necsopic.edu.au](http://necsopic.edu.au) or you can forward it to us by post, email or in person.

Post	Email	In person by appointment only
NECS FOI Commissioner PO Box 177 CARLTON SOUTH VIC 3053	<a href="mailto:enquiry@necsopic.edu.au">enquiry@necsopic.edu.au</a>	Level 5 Education Services Australia 440 Collins Street MELBOURNE VIC 3000

## About You – the Complainant

Note: You can make your complaint anonymously. However, depending on the nature of the complaint, it may be difficult or impossible for the Commissioner to investigate your complaint fully without some contact details for you.

<b>Title</b>	Mr	Mrs	Miss	Ms	Dr	Anonymous
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: .....

**Preferred contact method** (you must provide at least one contact method)

<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Post	<input type="checkbox"/> Mobile phone	<input type="checkbox"/> Other
--------------------------------	--------------------------------	-------------------------------	---------------------------------------	--------------------------------

Phone (daytime).....

Mobile .....

Email.....

Postal Address.....

..... Postcode .....

Other contact details (eg. Fax or international address).....

.....

## Representative

Do you have someone who you would like to represent you in your complaint?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If yes:

What is your representative's relationship to you? (eg. lawyer) : .....

Representative name: .....

Representative organisation name (if any)

.....

Representative's preferred contact method (you must provide at least one contact method)

Email     Phone     Post     Mobile phone     Other

Phone (daytime).....

Mobile .....

Email.....

Postal Address.....

..... Postcode.....

Other contact details (eg. Fax or international address).....

**Agency Information**

Please provide details of the agency you are complaining about (ie ACECQA or a State or Territory Education and Care Services Regulatory Authority)

Name of Agency .....

**Previous contact with the agency**

If the agency has given you a reference number relevant to your complaint please tell us this number and the name(s) of officers at the agency you have dealt with

Reference Number: .....

Officers' Names:.....

.....

**Details of Your Complaint**

Please provide a summary of your complaint. You may attach further documentation if you wish.

.....

.....

.....

.....

.....

.....

.....  
.....  
.....  
.....

**Resolution**

What action or result would you like from the NECS FOI Commissioner?

.....  
.....  
.....  
.....  
.....  
.....

**Supporting information**

Please attach any supporting documentation including, if applicable, details of any information provided to you by the agency with respect to your complaint. If you are the nominated representative lodging the complaint for someone else, please attach any documents which indicate you are authorised to act for that person.

**Please sign and date this form**

Signature: ..... Date ...../...../.....