



Ombudsman Complaint Form

The Education and Care Services Ombudsman can investigate complaints made about the administrative actions of the Australian Children’s Education and Care Quality Authority (ACECQA). An administrative action is any action taken or not taken by ACECQA (including its contractors) in relation to ACECQA’s duties, functions or powers. The Ombudsman encourages you to raise your complaint with ACECQA first and give them an opportunity to address your concerns before applying to the Ombudsman.

If you have trouble completing this form please send an email to enquiry@necsopic.edu.au or call the office on (03) 9654 1077

This form can be forwarded to us by post, email or in person, or visit necsopic.com.au to complete and submit the form online.

Post	Email	In person by appointment only
ECS Ombudsman PO Box 177 CARLTON SOUTH VIC 3053	enquiry@necsopic.edu.au	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 Ombudsman to investigate your complaint fully without some contact details for you.

Title	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
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Phone (daytime):

Mobile:

Email:

Postal Address:

..... Postcode:

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

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Representative

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes:

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

Representative name:

Representative organisation name (if any):

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ACECQA Information (if applicable)

Please provide details if you have them of any contact you have had with ACECQA with respect to your complaint including the names of officers you have dealt with if known. You may attach further documentation if you wish.

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Supporting information

Please attach any supporting documentation including, if applicable, details of any information provided to you by ACECQA 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/...../.....