



Riding for the Disabled Association of Tasmania

COMPLAINT REGISTRATION FORM

Name Relevant Centre or State dealing with complaint: _____

Date of lodgement of complaint: ____ / ____ / 20____

Please use this form to register a complaint. You can contact the State Office if you need help completing this form. (0429 943 247 or admin@rdatas.org.au)

All complaints will be recorded in the relevant Centre's Complaint Register and/or the RDA Tasmania Complaints Register. All complaints will maintain the privacy and confidentiality of all persons involved.

Personal Information

Name: *(Please circle)* Mr, Mrs, Miss, Ms _____ Phone: _____

Address: _____ Email: _____

Town: _____ Postcode: _____

If making the complaint on behalf of someone else, please fill out the below

Name: *(Please circle)* Mr, Mrs, Miss, Ms _____ Phone: _____

Address: _____ Email: _____

Town: _____ Postcode: _____

Are there other people affected by this complaint? Please give their names: _____

Who are you complaining about?

Name of person / people / group: _____

Position person(s) *(if relevant or known)*: _____

Your relationship to the person / people / group: _____

It may be necessary to provide the details of the complaint to the person / people / group the complaint has been made about, to ensure procedural fairness and to assist to assess, investigate and attempt to resolve the complaint.

Were there any witnesses? Please give their names: _____

Date(s) the incident(s) occurred: _____

Please describe your complaint in detail.

Include accurate dates / times, location, who were present, what happened and how did it affect you.

Please attach separate sheet if you need more space.

Please list any documents or other evidence relevant to your complaint below and attach.

Have you tried to resolve the problem yourself first with the person(s) involved?

If yes, please describe details below, including dates, outcome and any people who were involved. If you haven't, please explain why this was not possible or reasonable.

How would you like your complaint to be resolved? _____

Have you made a complaint about this issue to anyone else – who?

(For example: Police, Equal Opportunity Tasmania, NDIS, Ombudsman)

Declaration – I, the complainant, warrant that all information provided is accurate and true. I have read and understood the RDA Tasmania Complaints and Resolution Policy and Procedure.

Signature of complainant: _____ Date: ____ / ____ / 20____

The complainant needs to sign, even if someone else is complaining on their behalf. This is to show that the complainant has given them permission to complain for them.

What will happen next? Your complaint will be forwarded to the relevant people to assess and investigate your complaint. You may be contacted to provide more information. You should receive acknowledgement of receipt of your complaint within 3 business days. Depending on the complexity of the complaint it may take up to 30 business days to receive a response with either an outcome or to inform you if more time is needed for a resolution.

Office use only

Date complaint first lodged: ____ / ____ / 20____ Phone / Email / Letter / In person (Please circle)

Name of person receiving initial complaint: _____ Position: _____

Date Complaint Registration Form received: ____ / ____ / 20____ Added in Register

Person handling complaint: _____ (List name of President if committee/Board)

Date(s) minuted in meeting(s): _____

Record of additional correspondence received: _____

Final Outcomes, Solutions, Actions: _____
