Complaints and Appeals



Women's Housing Ltd

A complaint is when you wish to advise Women's Housing Ltd (WHL) that you are dissatisfied with our standard of service, practices or policies.

An appeal is when you wish to ask for a decision made by WHL to be reviewed.

How to lodge your complaint or appeal with WHL

The first step is to contact WHL and try to sort out the problem directly with staff.

WHL has a formal complaints process that documents procedures that staff must follow so if you are not satisfied with the information that the staff member is providing, you have the right to ask to speak to their Manager.

Some things that may need consideration when lodging a complaint include:

- You may choose to lodge your complaint in person, over the phone or in writing.
- You will be provided with a response in writing outlining the outcome of the matter.

Confidentiality of Information

Any information you provide will be stored in a confidential manner. No identifying information will be provided to other tenants, applicants or staff in the organisation that are not directly involved with the resolution of the matter. WHL may be required to contact other affected parties in order to achieve a resolution and you will be consulted about this process prior to it occurring.

Who do I contact if I have a complaint or wish to appeal a decision?

It is always best to contact the staff member that you have the most contact with in the first instance. You can also talk to their manager if you are not satisfied.

However if you are not satisfied with the information provided, you can contact:

The Operations Manager, Women's Housing Ltd Suite 1, Level 1, 21 Cremorne Street Cremorne 3121

Phone: 9412 6868

External Appeals

In accordance with the Housing Act 1983, if a complaint is not resolved within 30 days of receipt or if a complainant is not satisfied with our response, the matter can be referred to the Housing Registrar for investigation. The Housing Registrar can be contacted directly through the following means:

• Telephone: 9096 9835; or

• Email: housingregistrar@dhs.vic.gov.au

If you are a victim of crime, you can expect to be treated with courtesy, respect and dignity by WHL at all times.

WHL does its utmost to provide high standards of service to victims of crime in accord with the Victorian Victims' Charter Act and its principles. If you believe any of these principles have not been

followed in your case, you have the right to make a complaint to other external bodies. You can call the Victims of Crime Helpline on 1800 819 817 and ask for the Victims' Charter Complaints Officer.

Another avenue for complaint is through the Victorian Victims of Crime Commissioner. You can:

- visit the website at https://www.victimsofcrimecommissioner.vic.gov.au/; or
- phone 1800 010 017; or
- email enquiries@vocc.vic.gov.au

Women's Housing Ltd.

Complaints and Appeals form

Women's Housing Ltd

Our service is committed to providing a high quality service. We value your feedback – including complaints. Please let us know what we do well and where we can improve our services.

Indicate your	response k	elow with a	ın X.		
This is a:	complain	it	appeal		
Section	1: Your	· details			
Do you want	to remain a	anonymous ?	(Indicate your re	esponse w	rith an X)
yes	no				
Personal o	details				
First Name:					
Last Name:					
Postal addre	ess:				
Telephone n	umber:				
Mobile num	ber:				
Email addres	ss:				
Do you requi	re an interp	oreter?			
yes	no	l l	f yes , which lang	uage?	
Are you prov	iding feedb	ack on anot	her person's beh	alf? (Indica	ate your response with an X)
no (go to Section 4)		ye	s		

Section 2: Feedback made on another person's behalf

Please provide the following details about the person on whose behalf you are acting:

First Name:	
Last Name:	
Postal address:	
Telephone number:	

		T:
Mobile nu	umber:	
Email address:		
Please pro	ovide details	of your relationship to the person on whose behalf you are acting:
-		ntative for the person who received the service? nder 18 years or guardian – indicate your response with an X)
yes	no	
If yes , plea	ase provide d	etails:
Does the p	person know	you are making a complaint on their behalf? (Indicate your response with an
yes	no	
If no , plea:	se provide th	e reason why:
Are we ab	le to speak w	rith the person who received the service? (Indicate your response with an X)
yes	no	
If no , plea:	se provide th	e reason why:

Section 3: Other person's consent for feedback made on their behalf

If you are providing this feedback on another person's behalf, we require the consent of the other person to obtain and pass on personal information relevant to this feedback. Please provide evidence of this consent when submitting this form, e.g., signed consent (as provided below) from the person on whose behalf you are acting.

I, (insert name of person giving consent) give permission to (insert name of person receiving consent) to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback, as necessary.

Signature:		Date:			
Section 4:	Please state your conce	rns			
•	letails of your main concerns, including eedback, approximate dates and who w		to making the complaint,		
Section 5: What action have you already taken in relation to this feedback?					
Have you discussed your concerns with the other tenants or neighbours involved or the Women's Housing Ltd staff member that manages this property/service? (Indicate your response with an X)					
yes	no				
If yes , with whom and what was the outcome?					
Section 6: What outcomes would you like as a result of providing your feedback?					

Section 7: Privacy

Women's Housing Ltd is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for the purpose of investigating and responding.

Women's Housing Ltd will only use your information in accordance with relevant privacy and other laws. In order for us to provide services to you effectively and efficiently, we may need to share your personal information with others, such as your support worker (where applicable) that deals with the matters identified in your feedback.

If you choose to remain anonymous, (name of funded organisation) may be unable to deliver the full range of services you require.

If you wish to contact (name of funded organisation) who are responsible for managing the personal information that you provide on this form, please call (insert contact phone number).

You also have the right to access your information and seek its correction under the *Freedom of Information Act 1982*. For information about making a Freedom of Information application contact (insert name) on (insert contact phone number).

Section 8: External Appeals

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- phone 1800 010 017; or
- email enquiries@vocc.vic.gov.au

Section 9: Declaration

Paragraph declaring information provided is true and correct.

Signature:	Date:	

Thank you for taking the time to provide feedback about our service