

# Tenant Complaints and Appeals Form



## Please tear off cover sheet and keep for your own records

Indicate your response below with an X.

<b>This is a:</b>	complaint		appeal	
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### Your Personal details

### Submission details

First Name:		Date:	
Last Name:		Method of Submission:	

### How to lodge your complaint or appeal with WHL

The first step is to complete the attached document and submit that to your TENANCY WORKER by email, fax or post.

Email: [reception@womenshousing.com.au](mailto:reception@womenshousing.com.au)

FAX: (03) 9415 6511

POST: WOMENS HOUSING LTD

1/21 Cremorne Street

Cremorne, VIC, 3121

### 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?

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.

HOUSING SERVICES MANAGER - Veronica Hunt

Suite 1, Level 1, 21 Cremorne Street

Cremorne 3121

Phone: (03) 9412 6868

However if you are not satisfied with the information provided by the Housing Services Manager, you can contact:

THE OPERATIONS MANAGER - Lindy Parker

Women's Housing Ltd

Suite 1, Level 1, 21 Cremorne Street

Cremorne 3121

Phone: (03) 9412 6868

*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](mailto:housingregistrar@dhs.vic.gov.au)

## Complaints and Appeals form

All complaints and appeals must be made in writing, signed and given to the House Manager. If you are unable to provide a written complaint, your complaint will be taken verbally using this form however which you will be required to sign.

CATEGORY 1: death, physical abuse, sexual abuse, sexual exploitation or category 2 impact by same party

CATEGORY 2: absent client, dangerous actions, emotional / psychological abuse, emotional / psychological trauma, financial abuse, injury, self-harm / attempted suicide, medication error, poor quality of care, inappropriate physical treatment or inappropriate sexual behaviour.

CATEGORY 3: Act by any tenant, neighbour or independent party which contradicts terms of engagement or Residential Tenancies' Act 1997 and/or residential leasing agreement.

Indicate your response below with an X.

<b>This is a:</b>	complaint		appeal	
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### Section 1: Your details

Do you want to remain anonymous? (Indicate your response with an X)

yes		no	
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#### Personal details

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

Do you require an interpreter?

yes		no		If <b>yes</b> , which language?	
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Are you providing feedback on another person's behalf? (Indicate your response with an X)

no ( <i>go to Section 4</i> )		yes	
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### 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:	
Email Address:	

**Please provide details of your relationship to the person on whose behalf you are acting:**

Are you a legal representative for the person who received the service?  
(e.g. parent of a child under 18 years or guardian – indicate your response with an X)

yes		no	
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If **yes**, please provide details:

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Does the person know you are making a complaint on their behalf? (Indicate your response with an X)

yes		no	
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If **no**, please provide the reason why:

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Are we able to speak with the person who received the service? (Indicate your response with an X)

yes		no	
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If **no**, please provide the reason why:

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### 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:	
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## Section 5: What action have you already taken in relation to this complaint/incident?

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	
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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, Women's Housing Ltd may be unable to deliver the full range of services you require.

If you wish to contact Women's Housing Ltd who are responsible for managing the personal information that you provide on this form, please call (03) 9412 6868

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 please visit <http://www.foi.vic.gov.au/> for more information .

## Section 8: Declaration

Paragraph declaring information provided is true and correct.

Signature:		Date:	
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**Thank you for taking the time to provide feedback about our service.**

