

Complaints form

The Department of Territory Families, Housing and Communities has an internal complaints and dispute resolution process designed to deal promptly and fairly with complaints that are not able to be resolved satisfactorily by the regional office. All information you declare on this complaint form will remain confidential.

Contact details			
Please tick the option relevant to the person completing this form		<input type="checkbox"/> Current tenant	<input type="checkbox"/> Ceased tenant
		<input type="checkbox"/> Applicant or ceased applicant	<input type="checkbox"/> Private resident
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	Date of birth	/ /
First name(s)			
Last name			
Please provide details of any other names, if applicable. e.g. maiden name, skin name, name changed by deed poll.			
Are you of Aboriginal and/or Torres Strait Islander origin?		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander	
Residential or community address			
Postal address (if different from residential)			
Home phone		Work phone	
Mobile phone		Other phone	
Email			
Support person / alternative contact			
Please complete the following only if a support person or an alternative contact such as a family member, relative, advocate or legal representative is helping you with this complaint. You need to complete an 'Authorisation to Disclose Personal Information' form or provide a letter to allow the Department of Territory Families, Housing and Communities to communicate with this person on your behalf.			
Full name			
Organisation (if applicable)			
Relationship (if applicable)			
Residential or community address			
Postal address (if different from residential)			
Mobile phone		Other phone	
Email			

Complaint details			
Is the complaint about a Public Housing Safety Officer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you spoken with a Department of Territory Families, Housing and Communities officer about your complaint?	<input type="checkbox"/> Yes (if yes, please provide details below)		<input type="checkbox"/> No
	Name of Department officer		
	Office location		
Please explain in your own words what the complaint is about. If you need more space, please attach additional pages.			
Disclaimer			
<p>The Department of Territory Families, Housing and Communities collects only your personal information which is necessary to provide housing assistance under the <i>Housing Act 1982</i> and its Regulations. If you do not provide the requested information we may not be able to provide you with assistance. The information collected will not be disclosed to anyone without your consent unless it is required or authorised by law in accordance with the Information Privacy Principles at Schedule 2 of the <i>Information Act 2002 (NT)</i>. You have a right to access and correct the information held about you. If you have any queries or concerns please contact Freedom of Information, Department of Corporate and Digital Development on 8999 1793, email FOI@nt.gov.au or write to GPO Box 2391, Darwin NT 0801.</p>			
Declaration			
I, _____		(Full name)	
Declare to the best of my/our knowledge, the information provided is true and correct.			
Signature		Date	/ /
<p>This application can be lodged via post or email to:</p> <p style="text-align: center;">Housing Complaints & Appeals Unit Department of Territory Families, Housing and Communities PO Box 37037, Winnellie NT 0820 Email: Housing.Appeals@nt.gov.au</p> <p>You may also lodge this application at any Housing office. For further information contact the Housing Complaints & Appeals Unit on 1300 301 167.</p>			