

Complaint Form: Representative



**Communities
& Justice**
Youth Justice

YJNSW ref:

Complaint Form: Representative

Your complaint and the complainant's identity will be treated as strictly confidential by those involved in the complaint resolution process. This means it will not be discussed with, or disclosed to any other Employees or other persons, unless for the purposes of resolving or monitoring the complaint.

Section one

Young person's details

Surname	<input type="text"/>	Title	<input type="text"/>
First name(s)	<input type="text"/>		
Address	<input type="text"/>		
	(street)		
	NSW		
	(suburb/town)	(state)	(postcode)
Phone	Home	Mobile	
	Email		

Your details

Surname	<input type="text"/>	Title	<input type="text"/>
First name(s)	<input type="text"/>		
Title / Organisation (if applicable)	<input type="text"/>		
Address	<input type="text"/>		
	(street)		
	NSW		
	(suburb/town)	(state)	(postcode)
Phone	Home	Mobile	
	Email		
Was/is this person under the supervision of Youth Justice NSW?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
Date of incident (if applicable)	<input type="text"/>		

2. What would you, or the young person you are representing, like done about this issue?

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Please send this form to any of the below options:

1. Electronically:

Attach a copy of this completed form and email it to the YJNSW feedback and complaints team at complaints-feedbackYJNSW@justice.nsw.gov.au.

2. Mail:

Director, Strategy and Engagement
Youth Justice NSW
GPO Box 31
Sydney, NSW, 2001

Office Use Only

Complaint taken by

Surname		Date	
First name(s)			
Position/role			
Phone			
Email			
Representative advised of receipt	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CIMS reference

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Complaint referred to

Surname	
First name(s)	
Position/role	
Phone	
Email	