



YJNSW Reference	

Complaint Form

Please use this form to tell us about your complaint.

Your information will be kept confidential. Are you Aboriginal and/or Torres Strait Islander?					
Do you need an interpreter?					
Yes					
f yes, which language?					
No					
Your personal details					
Your surname					
Your first name					

Transport	Youth Justice Community Office
Youth Justice Conference	Youth Justice Funded Service
Central Office	Court Intake
Programs	Youth Justice Centre
Bail Assistance Line	Other
Give as much information as possi	DIE.

At which Youth Justice service were you when the complaint happened?

2. What should we do to fix your complaint?					
Did :	someone h	elp you fi	II in this form?		
	No				
	Yes	Name			

Please sign this form	
Signature	Date
Signature of person who helped you	Date
Your complaint and identity will be treated involved in the complaint resolution production discussed with, or disclosed to, any other unless for the purposes of resolving or	cess. This means it will not be er Employees or other persons,
What to do with this form	
You can	
1. Hand the completed form to a Managor Youth Justice Community Office	jer in a Youth Justice Centre
2. Send it electronically Attach a copy of this completed form and at complaints-feedbackYJNSW@justice	
3. Mail it to Director, Strategy and Engagement Youth Justice NSW	

GPO Box 31

Sydney, NSW, 2001

Office Use Only

Complaint type

Staff misconduct	Welfare / Safety
Staff corrupt conduct	Access to Services (e.g. Medical)
Staff misuse of resources	Appointments and Interviews
Advice and Information	Background report
Smoking policy	Appraisal/assessment
Diet/food	Bias/discrimination
Physical surroundings	Transfers between centres
YJC rules/points system	Arunta System
Visits to centres	Other behaviour
Complaint taken by	Complaint referred to
Complaint taken by	Complaint referred to
Name	Name
Position	Position