

# Department of Local Government, Housing and Community Development – Housing complaint form

Kuongea nasi katika lugha nyingine mbali na Kiingereza, pigia simu huduma ya ukalimani kwa 131450  
 Para falar conosco em outro idioma além do inglês, chame o serviço de intérprete no 131450.  
 Muốn nói chuyện với chúng tôi bằng các ngôn ngữ khác ngoài tiếng Anh, hãy gọi dịch vụ thông dịch qua điện thoại số 131450.  
 หากต้องการสนทนากับเราในภาษาอื่นที่ไม่ใช่ภาษาอังกฤษ กรุณาโทรไปที่บริการสามทางโทรศัพท์ หมายเลข 131450  
 ຫຼື ການສື່ສານອື່ນ ທີ່ບໍ່ເປັນພາສາອັງກິດ ກະລຸນາຕິດສຽງໄປທີ່ບໍລິການສາມທາງໂທລະສັບ ຫຼື ຫາຍແຈກ ຂອງ ສາທາລະນະລັດ ທະເລເໜືອ ຈຳນວນ 131450 ຯ  
 ທຸກຄົນທີ່ບໍ່ເຂົ້າໃຈພາສາອັງກິດ ກະລຸນາຕິດສຽງໄປທີ່ບໍລິການສາມທາງໂທລະສັບ ຫຼື ຫາຍແຈກ ຂອງ ສາທາລະນະລັດ ທະເລເໜືອ ຈຳນວນ 131450 ຯ  
 Untuk berbicara dengan kami dalam bahasa lain yang bukan bahasa Inggris, hubungi layanan juru bahasa telpon di 131 450.  
 لكي تتمكن من التحدث معنا بلغات غير الإنجليزية، اتصل بخدمة الترجمة الهاتفية على الرقم 131450.

The Department of Local Government, Housing and Community Development 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.

- If you wish to lodge a complaint please:**
1. Complete this form in **BLOCK LETTERS**
  2. Sign the declaration

This form can be lodged by:  
 Mail: Housing Complaints & Appeals Unit GPO Box 4621, Darwin NT 0801  
 Email: [Housing.Complaints@nt.gov.au](mailto:Housing.Complaints@nt.gov.au)  
 Visiting your local Housing office.

**Note:** All information you declare on this complaint form will remain confidential.  
 For further information contact the Complaints and Appeals Unit on 1300 301 167

| 1. Contact details   |  |
|--|--|
| Please tick the option relevant to the person completing this form   | <input type="checkbox"/> current tenant <span style="margin-left: 200px;"><input type="checkbox"/> ceased tenant</span><br><input type="checkbox"/> applicant or ceased applicant <span style="margin-left: 100px;"><input type="checkbox"/> private resident</span> |
| Title  | <input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other _____  |
| First name   |  |
| Family name  |  |
| Please provide details of any other names, if applicable. (e.g. Maiden name, skin name, name changed by deed poll) |  |



| 1. Contact details continued  |  |   |             |
|---|--|---|-------------|
| Are you of Aboriginal and/or Torres Strait Islander descent?  |  | <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander<br><input type="checkbox"/> Aboriginal and Torres Strait Islander<br><input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander |             |
| Residential or community address  |  |   | Postcode    |
|   |  |   |             |
| Postal address (if different from residential address)  |  |   | Postcode    |
|   |  |   |             |
| Home phone  |  |   | Work phone  |
| Mobile phone  |  |   | Other phone |
| Email   |  |   |             |
| 2. Support person / alternative contact   |  |   |             |
| <p>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.</p> <p>You need to complete an 'Authorisation to Disclose Personal Information' form or provide a letter to allow the Department of Local Government, Housing and Community Development to communicate with this person on your behalf.</p> |  |   |             |
| First name  |  |   |             |
| Family name   |  |   |             |
| Organisation (if applicable)  |  |   |             |
| Relationship (if applicable)  |  |   |             |
| Residential or community address  |  |   | Postcode    |
|   |  |   |             |
| Postal address (if different from residential address)  |  |   | Postcode    |
|   |  |   |             |
| Phone   |  |   |             |
| Email   |  |   |             |

|  |  |      |  |
|--|--|------|--|
| <b>3. Is the complaint about a Public Housing Safety Officer?</b>  |  |      |  |
| <input type="checkbox"/> Yes – go to 5 <input type="checkbox"/> No – go to 4   |  |      |  |
| <b>4. Have you spoken with a Department of Local Government, Housing and Community Development officer about your complaint?</b>   |  |      |  |
| <input type="checkbox"/> Yes, please provide details below <input type="checkbox"/> No   |  |      |  |
| Name of departmental officer   |  |      |  |
| Office location  |  |      |  |
|  |  |      |  |
| <b>5. Please explain in your own words what the complaint is about</b>   |  |      |  |
| If you need more space, please attach additional pages.  |  |      |  |
|  |  |      |  |
|  |  |      |  |
|  |  |      |  |
| <b>6. What action would you like the Department of Local Government, Housing and Community Development to take to resolve your complaint?</b>  |  |      |  |
| If you need more space, please attach additional pages.  |  |      |  |
|  |  |      |  |
|  |  |      |  |
|  |  |      |  |
| <b>7. Disclaimer</b>   |  |      |  |
| <p>The Department of Local Government, Housing and Community Development collects only your personal information which is necessary to provide housing assistance under the <i>Housing Act</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</i> (NT). You have a right to access and correct the information held about you. If you have any queries or concerns please contact the Governance and Information Management Unit on 8999 8490, email <a href="mailto:Infoact.DCHD@nt.gov.au">Infoact.DCHD@nt.gov.au</a> or write to GPO Box 4621, Darwin NT 0801.</p> |  |      |  |
| <b>8. Declaration</b>  |  |      |  |
| I/We, _____ (name/s in BLOCK LETTERS)  |  |      |  |
| declare to the best of my/our knowledge, the information provided is true and correct.   |  |      |  |
| Signature  |  | Date |  |