



Complaint and Review Form

February 2024

This form may be used to:

- Submit a complaint to the Loose Fill Asbestos Coordination Team (LFAC) or
- Seek a first level review of the outcome of a decision or a previous complaint or
- Seek a second level review following a first level review.

Please read the Loose Fill Asbestos Complaint and Review Policy

(https://www.loosefillasbestos.act.gov.au/_data/assets/pdf_file/0006/2016276/Complaint-and-Review-Policy.pdf) before completing this form.

Complaints about the administrative processes of, or decisions made by, LFAC should be submitted using this form.

Office use only

Reference Number:

Date received:

Applicant to complete

*All fields marked with * are required*

Part A – About you

Name:

Postal address:

Telephone:

Home

Business

Mobile

Email:

Preferred means of contact: Email

<i>Please mark as appropriate</i>	<input type="checkbox"/> Telephone <input type="checkbox"/> Post
*I am a: <i>Please mark as appropriate</i>	<input type="checkbox"/> Current/former owner of an Affected Property <input type="checkbox"/> Current/former owner of an Eligible Impacted Property <input type="checkbox"/> Resident at an Inconvenienced Property <input type="checkbox"/> Current/former tenant of an Affected Property <input type="checkbox"/> Community member <input type="checkbox"/> Other (please specify):
*Is the property subject to review or complaint an: <input type="checkbox"/> Affected Property <input type="checkbox"/> Eligible Impacted Property <input type="checkbox"/> Inconvenienced Property Property Address: <input type="checkbox"/> N/A	
*Part B – Your Review / Complaint	
I want to: <i>Please mark as appropriate</i>	<input type="checkbox"/> Make a complaint <input type="checkbox"/> Seek a first level review <input type="checkbox"/> Seek a second level review
My complaint relates to: <i>Please mark as appropriate</i>	<input type="checkbox"/> Personal support <input type="checkbox"/> Financial assistance <input type="checkbox"/> Valuation / Purchase Process <input type="checkbox"/> Demolition <input type="checkbox"/> Private demolition <input type="checkbox"/> Communication

	<input type="checkbox"/> Other (specify below)
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Other:

Details of the complaint you wish to lodge or the decision you are seeking a review of:

Please include as much detail as you can and attach any relevant documents as required. If you require more space, please attach additional pages.

***Part C – Contact to date**

Please include details of any contact with the relevant area to date.

***Part D – Desired outcome**

Describe the outcome you would like from this process

***Part E - Signing**

I declare that the information contained in this application is true and correct.

I have read the Loose Fill Asbestos Complaints and Review Policy and understand this complaint or review will be processed in accordance with it.

Name:

Signature:

Date: