



Tasmania Fire Service

TFS Community Complaint Form

Complainant Details	Respondent Details (if known)
Name: Address: Phone: Email: Preferred method of contact:	Name: Position: Location: Is this person aware you have made a complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other people involved / witnesses (If applicable):	
Do you wish to remain anonymous Yes <input type="checkbox"/> No <input type="checkbox"/>	Please outline your reasons here:
Complaint Details: (Brief description of complaint background / history)	



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Have you reported this matter to anyone else?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Information for Consideration	
What outcome do you want to see, or believe would be appropriate as a result of the outcome of your complaint?	

I declare that the information provided in this complaints form is true and correct to the best of my knowledge. I acknowledge that the information provided in this complaint form may be used by TFS for reporting purposes, monitoring and evaluation, in accordance with privacy laws.

Complainant Signature

Date