

Office use only
Date received:
File number:

To assist the Pool Safety Council to investigate your complaint/s please provide the following information.

In completing this form and/or forwarding information to the Pool Safety Council, you are making an official complaint to which a full investigation into the matter may occur. In order to assist you, Pool Safety Council staff will contact you; your utility and/or contact other individuals, businesses or agencies to obtain and/or exchange information about your particular issue. Please be advised that Pool Safety Council complaints are subject to Right To Information laws.

You **MUST** complete ALL questions unless the form indicates otherwise. Incomplete forms or forms without all necessary information and documentation will result in your application not being a properly made complaint submission. Attach extra pages if there is insufficient space on this form.

Section 1

Complainant's details	
Name	
Postal address	Postcode
Email	
Phone	During business hours Mobile
Have you lodged a complaint/enquiry before?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If so, please provide details about this previous complaint (If unknown please provide the mailing address you used in your previous complaint or enquiry)	
Submission date:	
Submission reference:	

Offender details Pool safety inspector or training provider—person you are making the complaint about	
Name of organisation/agency:	
Name of offender involved (if known)	
Address	Postcode
Phone	During business hours Mobile

If you wish to make a complaint about more than one offender, please provide the details on a separate form

Section 2

This section is where you provide the details of the allegations you are making about a pool safety inspector or training provider.

Please provide as much detail as possible to describe the reasons for making the complaint and events leading up to you making the complaint. We need to know:

What happened	
Where it happened (address)	
When it happened (include times and dates where possible)	
Who did it (include names of individuals involved)	
How and when you found out about it	
Any other relevant details	
Have you taken this complaint to another agency or organisation? (e.g local council)	<input type="checkbox"/> Yes If yes, please give details and provide copies of relevant documents received (if applicable).
	<input type="checkbox"/> No Name of agency/organisation:
	Date of Complaint: Is it dealing with your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you discussed your concern with the alleged offender?	<input type="checkbox"/> Yes If yes, what was the outcome of the discussion?
	<input type="checkbox"/> No If not, why?

Section 3

Documentation

Please give us copies (not the original) of any documents that may help us to investigate your complaint (for example, any correspondence or records of conversations you have had with the alleged offender, including their letter of reply).

Signature	
Date	
Email address	

It is an offence under the *Building Act 1975*, and other pertinent legislation within the State of Queensland and the Commonwealth of Australia, to provide false and misleading advice.

Please complete this form and

email PSC@dip.qld.gov.au

Or post to:

Pool Safety Council

GPO Box 907 Brisbane, Qld 4001

The *Building Act 1975* is administered by the Department of Local Government and Planning