

COMPLAINT/ONE REVIEW APPLICATION FORM



This form is to be completed to lodge a complaint or to request a One Review of a decision made by the Commission.

Would you like to make a complaint or request a One Review?

Complaint

One Review

Please provide details of your complaint, or the decision that you would like us to review. (Maximum 300 words).

If you are making a complaint, please tell us what you want to happen for your complaint to be resolved.

If you are requesting a One Review of a decision, please tell us why you think the decision was incorrect. (Maximum 300 words).

Personal details

Title

Mr

Mrs

Miss

Ms

Dr

Other

First name

Surname

Existing Registration Number

Telephone number/s

Home

Mobile

Daytime

Email address

Residential address

Postal address (if different to residential address)

Are you making this complaint or requesting this review on behalf of another person?

Yes

No

If Yes, what is the name of that person?

If Yes, what is your relationship to the person or complaint?

Please submit this completed form to GWIC by either:

- **Email** - complaints@gwic.nsw.gov.au
- **Post** - PO Box 718, Bathurst NSW 2795
- **In person** - Level 1, 230 Howick Street, Bathurst NSW 2795

If assistance is required with your application, please contact GWIC on 13 49 42 or email complaints@gwic.nsw.gov.au