**APPENDIX A - CSO Funding Pool Complaint Form**

**Before lodging a complaint**

Before lodging a complaint with the CSO Funding Pool Administration Agency (the Agency), it may be useful to contact the Agency toll free in VIC on 1300 309 213 to discuss your complaint or seek assistance.

Complaints can be lodged with the Agency in writing, either electronically or in hard copy, to the following address:

Email: [admin@csoagency.com.au](mailto:admin@csoagency.com.au) Fax: 03 9639 4459

Post: Complaints Officer CSO Funding Pool Administration Agency Locked Bag 32005 Collins St East, VIC 8003

**I want to lodge a formal complaint with the CSO Funding Pool Administration Agency Yes No**

**My details are:**

Mr/Mrs/Ms (other) First Name: Last Name: Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (business hours)

Mobile: Fax: Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am lodging this complaint on behalf of: **Myself** (go to page 2 of the form)

**Another company or person** (complete the details below)

**Details of the company or person who was affected by the actions or service that you wish to complain about are:**

Mr/Mrs/Ms (other) First Name Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or company name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: State:\_\_\_\_\_\_\_

Telephone: (business hours)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the person or company aware you are making this complaint? **Yes No**

My relationship with the company or person is (for example shareholder, director, business partner, family member):

**I want to complain about:**

□ **The CSO Funding Pool Administration Agency**

□ **The NDSS Administrator’s administration of payments for NDSS**

**distribution services**

**□ CSO Distributor One**

CSO Distributor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CSO Distributor contact details (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ **CSO Distributor Two**

CSO Distributor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CSO Distributor contact details (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If there are more CSO Distributors you want to complain about please attach their details on a separate piece of paper to the back of this form.**

□ **Another aspect of the CSO Funding Pool My complaint is:**

Use the space below to provide details of your complaint. It is useful to include what happened, when

it happened and who was involved. Include as much supporting information and evidence as you can (attach any relevant documents you have to the back of this form). If you need more space, please attach a separate piece of paper to the back of this form.

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**The main issues I am concerned about are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**As a result of my complaint I want:**

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**Where this complaint is against a CSO Distributor, have you approached the CSO Distributor about this complaint? Yes No** If yes, what was the outcome?

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**Have you complained to another organisation about the same matter? Yes No**

If yes. please give details.

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***The Agency will send details of this complaint to any CSO Distributor/s you have identified in your complaint asking them to provide a response to the Agency.***

**I agree that my identity can be released for this purpose - Yes No**

You do not have to agree to the release of your identity.

**I agree that a copy of my complaint can be released for this purpose? Yes No**

You do not have to agree to release a copy of this complaint. If you select 'No', you need to advise below any information in this form that you do not want released to the subject of the complaint (eg your name, others names, other details about the complaint).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_