



ClubsVIC Self-Exclusion Program
Independent Complaint Resolution Process (ICRP)

Complaint Form

The following information is required for your complaint to be dealt with in accordance with the Independent Complaint Resolution Process (ICRP)

Your name: _____

Your address: _____

_____ Post Code: _____

Your Phone Number: _____ Mobile Number: _____

Complaint made against: _____ (The Club)

Address of Venue: _____ Post Code: _____

Telephone Number: _____ Manager's Name: _____

When did the event you are complaining about occur? Date _____ Time _____

Please give any information which you believe is relevant, you must include the clause of the Self Exclusion Program you believe has been breached. If there is insufficient space, you may attach additional pages.

Details of event:



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Have you discussed this matter with manager of the club against whom you are making a complaint?
Yes _____ No _____

If you have not discussed the matter with the manager of the club, have you discussed the matter with another representative of the club? Yes _____ No _____

What is that person's name &/or title?

What was the manager's/club representative's response?

Have you contacted the Self Exclusion Administrator and had the ICRP explained to you prior to lodging the complaint? _____

I acknowledge that my complaint will be dealt with in accordance with the provision of Independent Complaint Resolution Process (ICRP) and that I am bound by those provisions.

Should my complaint progress to stage when a written report is required to be given regarding my complaint I do/do not (*circle preference*) want my identity to be disclosed in that report.

Signature

Date

Please return the completed form to:

Self-Exclusion Administrator

PO Box 4066

Fitzroy VIC 3065

Email: sep@ccv.net.au

Telephone: (03) 8851 4949