



Funds in Court

COMPLAINT FORM

FIC File No: _____

1 PERSON MAKING THE COMPLAINT

Name: _____

Address: _____

_____ State: _____ Postcode: _____

Business Tel: (_____) _____ Home Tel: (_____) _____

Fax: (_____) _____ Mobile: _____

Trust Officer (if known/applicable): _____

Only complete the following if you are complaining on behalf of someone else:-

Person's name: _____

Your relationship to that person: _____

Only complete the following if someone is helping you make the complaint (for example a carer or support worker):-

Person's Name: _____

Organisation: _____

Postal Address: _____

_____ State: _____ Postcode: _____

Business Tel: (_____) _____ Home Tel: (_____) _____

Fax: (_____) _____ Mobile: _____

4 FURTHER INFORMATION

Supporting evidence

Please attach copies of any documents that may help us investigate your complaint. If you cannot do this, please tell us about the documents or other evidence and how this evidence can be obtained.

Please sign below:

Signature: _____ **Date:** _____

Please send the completed form to Funds in Court:

By Post:

Complaints
Funds in Court
Supreme Court of Victoria
210 William Street
MELBOURNE VIC 3000

By Email:

feedback@fundsincourt.vic.gov.au