







Internal Ombudsman Shared Service Complaint Form

*Before making your complaint, you can contact the Internal Ombudsman on 02 8757 9044 for advice or assistance or visit Council's website for information about the Internal Ombudsman Shared Service.

<u>https://www.cityofparramatta.nsw.gov.au/council/internal-ombudsman</u>
<u>https://www.cumberland.nsw.gov.au/internal-ombudsman</u>
<u>https://www.innerwest.nsw.gov.au/about/the-council/internal-ombudsman</u>

Complainant De	tails				
Name:					
Address:					
Telephone:					
Email address					
Preferred method of contact:					
Date:					
Council Ci	ty of Parramatta Co	uncil 🗆 Cumberla	nd City Council □	l Inner West Cou	ıncil 🗆
Nature of Compl	aint				
Council Administrative process					
(e.g. delay, no respo	nse, no reasons give	en)			
Fraud/Corruption					
Other (if yes, provide brief detail)					
Is this a public intere	st disclosure (Counc	il staff only)	Yes □	No □	

Details of Complaint

What happened:				
Where:				
When:				
How:				
Witness/es:				
Council Officer(s):				
Other relevant Information including what solution are you seeking:				
Have you reported this matter to Council previously?				
Yes □ No □				
If yes please provide details (name, date, outcome, follow up action):				
If yes, why are you unhappy with their response?				
Has any other organisation assisted you to resolve your complaint? (e.g. NSW Ombudsman)				
Yes □ No □				
If yes please provide details (name, date, outcome, follow up action):				

Have you sought legal advice?				
Yes □ No □				
If yes please provide details:				
Do you have an advocate acting on your behalf?				
Yes □ No □				
If yes please provide details (name, contact number/email):				
Attachments				
Please list and attach all supporting materials with this report:				
Confidentiality				
The IOSS will make all reasonable efforts to protect the information from disclosure but there can be no legislative guarantee. Depending on the nature of the information being provided, the IOSS may have a duty of care to ensure that one or more individuals are safe and may need to report the matter to another source i.e. NSW Police Force.				
Declaration				
I declare that the information provided in this complaint form is true and correct to the best of my knowledge.				
Name:				
Signature:				
Date:				
How did you hear about us?				
Community Newsletter \square Council website \square Word of mouth \square Staff communications \square Other (please specify)				
Once this form is complete email it with all relevant attachments to the Internal Ombudsman				

Shared Service using the relevant Council email address below:

 $\underline{internal ombudsman@cityofparramatta.nsw.gov.au}$

internalombudsman@cumberland.nsw.gov.au

internalombudsman@innerwest.nsw.gov.au

Or by posting it to the Internal Ombudsman Shared Service, 11 Northumberland Road, Auburn, NSW, 2144.