## Approved Form

This form, approved by Victorian Aboriginal Heritage Council (the Council), specifies the format in which a complaint against a Registered Aboriginal Party (RAP) must be lodged.

## Complainant Information

* To ensure due process, the details provided will be communicated to the relevant Registered Aboriginal Party and the Council.
* Anonymous complaints will **not** be considered for investigation or processing.

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| --- | --- | --- | --- | --- |
| Name: |  | | Date: |  |
| Address: |  | | | |
| ABN (if any): |  | | | |
| Contact Email: |  | | | |
| Phone Number: |  | | | |
| **In what capacity are you making the complaint?** | | | | |
| As a member of the RAP the complaint is against  As another RAP  Please specify: \_\_\_\_\_\_ \_\_  As a Traditional Owner group represented by the RAP  Please specify: \_\_\_ \_\_\_\_\_ | | As a member of another organisation  Please specify: \_\_\_\_\_\_ \_\_\_  As heritage advisor  Other  Please specify: \_\_\_ \_\_\_\_\_\_ | | |

### Details of the Complaint

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| **Which RAP is the subject of the Complaint?** |
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| **Description of the Complaint**  Outline the nature of the complaint you are making.  Please reference and attach any information you consider relevant. |
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### Details of the Complaint cont.

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| **Plan for Improvement**  Describe below how you would like to see the complaint resolved by outlining what a successful resolution look like. |
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### Acknowledgment

Please read and consider the following before signing:

* I certify that, to the best of my knowledge and belief, the information supplied in this form is correct.
* I understand that the contents of this form may provide the basis of an investigation which may lead to consequences for the relevant Registered Aboriginal Party such as imposition of a condition, suspension or revocation of registration.
* I understand that lodgment of this complaint will not necessarily lead to an investigation and that the contents of this form will be assessed in accordance with Council’s published *Complaints Against Registered Aboriginal Parties Policy*.
* I am aware that I may be asked to provide further information and documentation for the purposes of the Office of the Council conducting any investigation in response to this complaint and consent to being contacted via the contact details I’ve provided in relation to this complaint.
* I agree that the contents of this form and any related information can be provided to the RAP to whom the complaint is being made against and to the Victorian Aboriginal Heritage Council.

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| --- | --- |
|  |  |
| Complainant Signature | Date |

### Lodging the Complaint

Upon completion, this form should be submitted to the Office of the Victorian Aboriginal Heritage Council

Email: vahc@dpc.vic.gov.au