



# Complaint Form

## Introduction

This form should be completed by a person wishing to lodge a complaint in relation to the Work Health and Safety Accreditation Scheme.

1. Complaints may be in relation to any of the following matters:
  - Complaint about the health and safety on a worksite, including:
    - an accredited company or
    - a company that is not accredited.
2. Complaint about the operation of certain aspects of the Scheme, such as:
  - a Federal Safety Officer
  - an audit assessment process or
  - a staff member employed by the Office of the Federal Safety Commissioner (OFSC).

Separate arrangements are in place to cover complaints against a decision of the Federal Safety Commissioner (FSC). This form is not designed to facilitate appeals regarding a decision of the FSC. The *Building and Construction Industry (Improving Productivity) (Accreditation Scheme) Rules 2019* outline the formal arrangements for the review of decisions made by the FSC. Persons wishing to appeal a reviewable decision of the FSC should complete an Appeal Form available from the OFSC website at [www.fsc.gov.au](http://www.fsc.gov.au).

For further information, please call the FSC Assist Line on 1800 652 500.

Please send the completed form to [ofsc@dewr.gov.au](mailto:ofsc@dewr.gov.au) or by post to:

**Office of the Federal Safety Commissioner**  
**Location Code: C15NC**  
**GPO Box 9828**  
**CANBERRA ACT 2601**

## Complainant Details

Name	
Company	
Postal Address	
Telephone	
Email	



## Complaint

**Question 1: What is the nature of your complaint (tick box/s as applicable)?**

- Complaint about the health and safety on a worksite of an accredited company
- Complaint about the health and safety on a worksite of a company that is not accredited
- Complaint about the actions of a Federal Safety Officer
- Complaint about an audit assessment process under the Scheme
- Complaint about a staff member from the Office of the Federal Safety Commissioner
- Other

**Question 2: Please list full details of the complaint including circumstances, individual's names, company names, name and location of worksite, times, dates. If you require more space, please attach any additional pages to this form.**

You should provide copies of any documents or evidence that support your complaint.

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### Please sign here

I give the Office of the Federal Safety Commissioner permission to disclose my personal information and discuss my complaint with any relevant person, body or agency for the purposes of investigating and resolving my complaint. I am aware that giving false or misleading information to the Office of the Federal Safety Commissioner is an offence under the *Criminal Code Act 1995*. I declare that the information I have provided in this complaint is true and correct.

Signature		Date	
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