Electrical safety complaint form

Use this form to notify of an electrical safety concern or complaint in accordance with Part 6, Division 3 of the *Electrical Safety Act* 2022.

For more information please visit the NT WorkSafe's website.

| Complainant detail | s | | | | | | | | | |
|--|-------------|-----------------|-----|-----------|-----|----------|--|--|--|--|
| Surname | | | | | | | | | | |
| Given name/s | | | | | | | | | | |
| Company name (if | applicable) | | | | | | | | | |
| Trading name (if ap | pplicable) | | | | | | | | | |
| Address | | | | | | | | | | |
| Suburb | | | Sta | te | | Postcode | | | | |
| Complainant conta | ct details | | | | | | | | | |
| Phone number | | | | bile numb | per | | | | | |
| Email address | | | | | | | | | | |
| | | | | | | | | | | |
| Who is the complaint about? Tick the relevant box | | | | | | | | | | |
| Electrical contractor Electrical worker Apprentice/trainee Unlicensed worker | | | | | | | | | | |
| Details of who the complaint is about | | | | | | | | | | |
| Surname | | | | | | | | | | |
| Given name/s | | | | | | | | | | |
| Company name (if | applicable) | | | | | | | | | |
| Trading name (if ap | oplicable) | | | | | | | | | |
| Address | | | | | | | | | | |
| Suburb | | | | State | | Postcode | | | | |
| Contact details of | who the com | plaint is about | | | | | | | | |
| Phone number | | number | | | | | | | | |
| Email address | | | | | | | | | | |
| | | | | | | | | | | |





| Electrical licence details (if known) | | | | | | | | | | | |
|--|---------------------|--|-------------------|--------------|--------------|-------|--|--|--|--|--|
| Licence number | | | Expiry date | | | | | | | | |
| Certificate of compliance (CoC) details (if known) | | | | | | | | | | | |
| CoC number | | | | | | | | | | | |
| Provide details of your electrical safety concern/complaint Provide as much detail as possible outlining risks or why you think there has been a breach to the electrical safety laws. | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Do you have photo safety concern? If y | | | | al | Yes 🗌 | No 🗌 | | | | | |
| Compleinant declar | otion | | | | | | | | | | |
| Complainant declar | ation | | | | | | | | | | |
| I, (full name) | | | | | | | | | | | |
| Of (address) | | | | | | | | | | | |
| Solemnly and sincer | _ | | | | | _ | | | | | |
| All statements and knowledge by virtue | | tained in this applica davits and Declarati | | | o the best o | of my | | | | | |
| • I have read and ι | ınderstood the info | rmation contained i | n this form; and | | | | | | | | |
| I know that it is a | an offence to make | a declaration that is | false in any mate | erial partio | cular. | | | | | | |
| This declaration is made at (location) | | | | | e) | | | | | | |
| Signature | | | | | | | | | | | |





Disclaimer

The Electrical Safety Regulator and the Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the Northern Territory Information Act 2002.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.

The information you provide will be accessible to NT WorkSafe and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the Northern Territory Information Act 2002, or the Office of the Information Commissioner NT.

How to submit your complaint

Email your completed form to NTWorkSafe@nt.gov.au

Privacy

The Department of the Attorney-General and Justice (the department) is committed to respecting your rights to privacy and personal data protection.

Personal information provided by you will be managed in accordance with the *Information Act 2002 (NT)* and the Information Privacy Principles. This statement sets out how the department will manage your personal information. We recommend that you read this statement in conjunction with the privacy policy available on the Northern Territory Government's website.

Personal information has the same meaning it is given in the Information Act 2002 (NT).

Requirement to provide your personal information

You have been asked to provide personal information as part of your completion and submission of the safety concern report to NT WorkSafe.

You do not have to provide your personal information but if you choose not to, please note that NT WorkSafe may be unable to accept, process, progress and / or investigate the incident and safety concerns raised by you in the notification forms.

The personal information you provide in your application will be used by NT WorkSafe for the purpose of processing, considering and / or investigating the incident and / or safety concerns that you have brought to NT WorkSafe's attention and any and all actions related to the notifications.

By providing your personal information, you authorise NT WorkSafe to share your personal information with other government departments and agencies of the Northern Territory.

We will take all reasonable steps to protect your personal information against misuse, loss and unauthorised access, modification or disclosure.





Accessing your personal information

You have the right to access the information we hold about you. You may enquire about the information held about you. If you wish to do so your application must:

- be in written form
- specify the name of the applicant
- include sufficient details to identify the information sought and
- specify an address to which correspondence regarding the application may be sent to the applicant.

If the information about you is not correct or if you are not satisfied with the way we have collected, held, used or disclosed your personal information under the Information Act, you can contact us by emailing agd.foi@nt.gov.au or calling 08 8935 7426. Read more about access to information on the department's website.

Sharing of your personal information

We may share your information:

- with other work health authorities, including work health and safety regulators in other states, territories or the Commonwealth, regarding the notification(s).
- in accordance with the Work Health and Safety Act 2011 and any state or territory legislation relating to occupational or work health and safety matters
- if required or authorised by law to do so, or
- if you have given us your consent to share your personal information for a specific purpose.

More information about privacy laws in the Northern Territory is available on the Office of the Information Commissioner Northern Territory website².

Alternatively, you can access the Information Act 2002 (NT) on the NT Legislation website³.

Contact

NT WorkSafe Ground floor, Building 3 Darwin Corporate Park 631 Stuart Highway Berrimah NT 0828

Postal address

GPO Box 1722 Darwin NT 0801

Phone: 1800 019 115 Fax: 08 8999 5141

Email: ntworksafe@nt.gov.au

³ https://legislation.nt.gov.au/en/Legislation/INFORMATION-ACT-2002





¹ https://justice.nt.gov.au/access-to-information

² https://infocomm.nt.gov.au/