Complaints Form – NT WorkSafe

By submitting this form, you agree that the information provided is accurate to the best of your knowledge. You also understand that the information will be handled confidentially and used for the purpose of investigating and responding to the complaint and associated monitoring of the complaints process.

**My details:** Type first name Type last name

**My contacts:** Type phone number Type email address

**My preferred mode of contact is:** Click to choose phone or email

**Details of complaint**

You may describe a general concern or provide details of a specific incident (what happened, when it happened, who was involved, what you would have liked to be different or what you think was not done well).

Type details of complaint.

**Additional documents I am providing**

You may list attachments and explain how they are relevant to addressing your concerns.

List attached documents, photos, recordings, etc

**Additional information or evidence that should be considered when looking into this matter**

You may identify any sources, that you are not providing, which could help us to understand and resolve the matters you raise.

List of additional information or evidence to consider

**What I would like to happen to resolve this matter**

What outcome(s) you would like to see at the end of this complaint process?

Explain what you would like to have happen