

# ACFID CODE OF CONDUCT COMPLAINT FORM



To make a complaint against a signatory to the Code of Conduct, complete this form, attach any relevant information and submit it to:

**CONFIDENTIAL**  
**Code Manager**  
**ACFID Code of Conduct Committee**  
**C/- ACFID**  
**Private Bag 3**  
**Deakin ACT 2600**

## Complainant Details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Complaint Information

Name of Code of Conduct signatory: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Complaint Details:

(Please provide as much detail and evidence as possible about the alleged breach of the Code of Conduct. Further information may be attached): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This form (including the identity of the complainant) and any other materials attached will be made available to the signatory. Anonymous complaints will not be investigated. Complainants are advised to consider taking matters related to breaches of Australian laws such as employment of staff, tax or fundraising to the appropriate government body through their mechanisms.**

Please ensure that you have reviewed the Code of Conduct Complaints Handling Procedure available at: <http://www.acfid.asn.au/code-of-conduct/complaints-and-compliance-monitoring>.

If you have any questions regarding the Code of Conduct Complaints process or regarding the Code of Conduct itself, contact the Code Management Team on 02 6281 9222.