

Braidwood FM Inc
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Braidwood NSW 2622
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COMPLAINT FORM

(NOTE: Complaints must be lodged in the first instance, and in writing, with Braidwood FM within 7 days of the alleged incident).

What is your complaint (please be specific)?

All programs are recorded and logged so we can investigate whenever a complaint is made.
Please provide the following details as to when this occurred to help us in our investigation.

Date: _____ Time (approx.): _____

Name of Program: _____

Presenter's Name: _____

Anonymous complaints will not be accepted as we may need to speak with you for more detail. Please provide your name and contact number in case we need to contact you, and so we can provide feedback on the outcome of your complaint.

Your Name: _____ Phone: _____

Email: _____

BRAIDWOOD FM USE ONLY

File No: _____

Complaints Process

This process must be completed within 60 days from the date on which the complaint was made.

The appropriate person at the station:

Name: _____

ACTION:

1. Date formal written complaint received: _____

Notes:

2. Date logged program material checked: _____

Notes:

3. Outcome of the review of the complaint:

Notes:

4. Date review sent to Board of Braidwood FM ___/___/___ and recommendation by Complaints Officer:

Notes:

5. Board action on recommendation by Complaints Officer:

Notes:

6. Date written response sent to complainant: (attach copy of letter to this form) ___/___/___

7. Date that follow-up meeting with complainant took place ___/___/___ and outcome of the meeting.

8. Is all relevant documentation in Complaints File. Yes / No

Results: The complaint is:

- resolved
- unresolved

Name of station representative: _____

Position: _____

Signed: _____

If still unresolved, has the complainant been advised of their right to contact the ACMA?

Yes / No