

MAKE YOUR VOICE heard

• When should I use this form?

You can use this form when you have a problem, or when you feel unhappy or worried about something that has happened or is happening to you in care, but you are not ready to talk to someone in person about it.

• What should I write or draw?

Write down or draw the things that are concerning you. For example, if you are hurt, if you are unhappy in your placement, if you feel like you are not being listened to, and so on. Tell us how you are feeling, what you want to be changed or what people can do to help you.

• Why would I use this form?

It is always better to share your problem with someone if you can. This may help you to feel better and to find a good solution. Sometimes people find it hard to talk to people in person about what is going on. This form is great for those people.

• Where can I send the form to?

Once you have filled out this form, put it into an envelope and write correctly the following address outside:

Complaints and Review
Department of Communities, Child Safety
and Disability Services
Reply Paid 86256, Brisbane, QLD 4001

Please note that NO STAMP IS REQUIRED if you post in Australia.

• What may happen once I send the form?

Your complaint will be treated with great respect and confidentiality. Only few necessary people will be involved in addressing your problem. You will be contacted through your given contact details.

Who else should I talk to?

Before or after filling this form, you may find it helpful to talk with someone that you trust such as a friend, a relative, a Community Visitor, your Child Safety Officer, local Public Guardian office, or one of agencies suggested below.

For more help, you can get in touch with:

Department of Communities, Child Safety and
Disability Services: 1800 080 464

Public Guardian for children and young people:
1800 661 533

CREATE Foundation: 1800 655 105

Kids Help Line: 1800 551 800

Child Safety After Hours Service Centre: 1800 177 135

Youth Advocacy Centre Inc: 3356 1002 (in Brisbane)

GOT A PROBLEM?

MAKE YOUR VOICE HEARD



Please write or draw in the space below.

**What happened/What's going on?
(E.g., When? Where? Who was
involved?)**

How do you feel?

How do you feel? (cont.)

What do you want now?

ABOUT YOU

Your name:.....

.....

Your Contact Details
(please give at least one)

Mail address:

.....

.....

Phone:.....

Email:.....

.....

THANK YOU

