

CUSTOMER DETAILS

Title Mr Mrs Ms Miss

First name _____ Last name _____

Are you a Worker Employer Other _____

Business name (if applicable) _____

Postal address _____

Phone number _____ Email _____

Preferred method of contact Phone Email Post

COMPLAINT DETAILS

Have you raised this issue with QLeave before?

No Yes - *If yes, please provide details of why you were dissatisfied with QLeave's earlier response.*

Please provide details of your complaint outlining what happened, when it happened, who was involved and how it has affected you. Any documentation that supports your complaint should also be provided (*copies only*).



Tell us what you would like to happen to resolve your complaint.



ACKNOWLEDGEMENT

All the information I have provided on this form is true and correct to the best of my knowledge.

Signature _____ Date ____/____/____

If you are lodging this form electronically, type your name in the signature field.

WHAT TO EXPECT

QLeave will try to resolve your complaint as quickly as possible. You can assist us by providing as much detail as possible on this form. We will acknowledge receipt of your complaint within two working days and aim to respond to your complaint within 15 working days. For more complex complaints requiring further investigation it may take longer to process your request and QLeave will keep you informed of progress.

LODGEMENT

APPLICATION WITH NO SUPPORTING DOCUMENTATION

If you have completed this form electronically and are not supplying any supporting documentation, you can send your complaint form by email to QLeave by clicking the lodgement button below. QLeave recommends that you save a copy of your completed form for your own records before clicking the lodgement button. Alternatively you can send your completed form to QLeave by fax or post, or by sending your own email to yoursay@qleave.qld.gov.au and attaching the completed form.

[Click here to LODGE YOUR COMPLAINT with QLeave](#)

APPLICATION WITH SUPPORTING DOCUMENTATION

If you are providing supporting documentation, send your completed form and paperwork to QLeave by fax, email or post.

Fax: 07 3212 6844

Email: yoursay@qleave.qld.gov.au

Post: PO Box 315 Virginia BC Qld 4014



**PORTABLE
LONG SERVICE
LEAVE**

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PO Box 315 Virginia BC Qld 4014 | **Freecall** 1300 QLEAVE
Email yoursay@qleave.qld.gov.au | **Web** www.qleave.qld.gov.au

