

## *Guide to completing this form*

### **Before you begin**

- You should only lodge a complaint if you've been unable to resolve your issue or concern with us previously.
- We might contact you for more information.
- We may not be able to fully investigate or resolve complaints that are lodged anonymously.

### **What if I need help lodge a complaint?**

If you need help, you can have a third party make a complaint on your behalf.

We'll accept complaints from family members, advocates, friends or other persons who act on behalf or in support of a vulnerable person or person with limited capacity. We may require verification of a person's authority to act on your behalf before proceeding in order to avoid potential privacy breaches. When making a complaint, you can:

- be supported by a friend, an advocate, an interpreter or a community elder
- access interpreter services
- use the National Relay Services if you are deaf, hard of hearing or have difficulties speaking
- remain anonymous, although this may limit how we can investigate the complain

#### **Email**

[gro.feedback@treasury.qld.gov.au](mailto:gro.feedback@treasury.qld.gov.au)

#### **Post**

Queensland Revenue Office  
Governance and Business Support Division  
PO Box 15931  
City East QLD 4002

### *Part A—Client details*

First name	<input type="text"/>		
Surname	<input type="text"/>		
Company or trust and trustee name	<input type="text"/>		
Client or reference number	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>	Country	<input type="text"/>
Phone number	<input type="text"/>		
Email address	<input type="text"/>		

### *Part B—Representative details*

Does the person you're representing know you are making a complaint? ☐ Yes ☐ No

Your relationship to this person or organisation	<input type="text"/>		
First name	<input type="text"/>		
Surname	<input type="text"/>		
Company or trust and trustee name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>	Country	<input type="text"/>

Phone number

Email address

### *Part C—Complaint details*

- |                                      |   |  |                                   |
|--------------------------------------|---|--|-----------------------------------|
| <input type="checkbox"/> Duties      | <input type="checkbox"/> Home owner grant | <input type="checkbox"/> Fine or infringement notice | <input type="checkbox"/> Land tax |
| <input type="checkbox"/> Payroll tax | <input type="checkbox"/> Royalties        | <input type="checkbox"/> SPER                        | <input type="checkbox"/> Other    |

Tell us about your complaint.

Include detailed information such as what happened, when it happened and who was involved. If you would like to make a human rights complaint, explain how we may have limited or restricted your human rights and the impact this has had on you.

Tell us how you would like your complaint to be resolved.

## Part D—Declaration

☐ All the information provided above is true and correct to the best of my knowledge.

Name

Signature

Date

Queensland Revenue Office is collecting the information on this form for the purposes of administering state revenue. This is authorised under legislation administered by this office. Any personal information will not be disclosed unless authorised by law.

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Visit [qro.qld.gov.au](http://qro.qld.gov.au) for information relating to state taxes.