



Australian Cardiovascular Health and Rehabilitation Association Privacy Complaints Form

Information for Applicants

- Privacy complaints should only be lodged by a complainant in writing if you have been unable to resolve your issue or concern informally.
- You will be given acknowledgment of your lodged privacy complaint within three (3) business days of the Australian Cardiovascular Health and Rehabilitation Association receiving your complaint/appeal.
- We may ask you for further information in relation to your privacy complaint.
- The Australian Cardiovascular Health and Rehabilitation Association will endeavour to resolve your privacy complaint within a reasonable timeframe usually twenty eight (28) business days upon receipt of the written complaint and all further information in relation to it or as soon as practicable. However, in some cases, particularly if the matter is complex the resolution may take longer.
- Applicants may be asked to provide additional information to support their privacy complaint.
- Please complete all fields on this form.
- Please submit this form to admin@acra.net.au or mail to:

The ACRA Secretary
Care of the ACRA Secretariat
PO Box 576, Crows Nest, NSW 1585

Part A – APPLICANT DETAILS

Personal Details

Title	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	<input type="text"/>	
Phone(Home)	<input type="text"/>			Mobile Phone	<input type="text"/>

Home Address

Street	<input type="text"/>			
Suburb	<input type="text"/>	Post Code	<input type="text"/>	
State	<input type="text"/>	Country	<input type="text"/>	

Postal Address *(if different from Home Address)*

Street	<input type="text"/>			
Suburb	<input type="text"/>	Post Code	<input type="text"/>	
State	<input type="text"/>	Country	<input type="text"/>	

Part B- PRIVACY COMPLAINT DETAILS

Please provide details of your privacy complaint:

(if necessary attach an extra page to outline the details. Any supporting documentation should also be provided-copies required only)

Does your privacy complaint involve behaviour by a particular staff member of Australian Cardiovascular Health and Rehabilitation Association? If so please provide the name of the staff member involved and any information about the staff member's involvement:

Yes No Name of staff member

Nature of involvement:

Please provide details regarding how the complaint has affected you:

Please provide details in relation to how you became aware of the complaint:

Does your complaint require urgent attention?

Yes No

Have you lodged a privacy complaint about this issue before?

Yes No If yes, when

Have you reported your privacy complaint to any other agency?

Yes No If yes, to whom

What is your expected outcome?

Please provide the contact number and time to contact you regarding the complaint: