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ate of Birth			□ RPC3		Time & Date Received
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lobile	14.00 mg - 1700.				16 OCT 2018
E: By providing your	mobile number yo	u give consent for the re	levant stakehold	der to contact you in r	relation to your complai
ve you talked to a St	aff Member or Ser	vice Provider about you	r complaint	□ YES □	l no
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our complaint about	Bullying or Abuse	? 🗆 YES 🗆 NO	A Racial Incide	nt? 🗆 YES 🗆	I NO
our complaint about	a staff member?	□ YES □ NO			1 1
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I am s. 22(1)(a)(ii) I came to Cl on the (ii) s. 22(1)(a)
s. 22(1)(a)(iii) with my family,

They separated me from my family.

I request ABF, IHONS and other authorities to helpme to reunite with them. Please - Help me.

s. 22(1)(a)(ii)

Released by the Department of Home Affairs under the *Freedom of Information Act 1982* 



BEFORE COMPLETING THIS FORM PLEASE MAKE EVERY ATTEMPT TO RESOLVE THE MATTER

Date 26/10	/10 ID.	Tent No.:	OFFICE USE ONLY
S. 22(1)(a	a)(ii)	☑ RPC1 s. 22(1)(a)	)(ii) Reference
Surname		□ RPC2	FC'875
		□ RPC3	
Date of Birth			Time & Date Received
Mobile			17 OCT 20
and the second second			6930
OTE: By providing your mobile	number you give consent	for the relevant stakeholder to contact	you in relation to your complain
ave you talked to a Staff Me	mber or Service Provider a	bout your complaint	res 🗆 no

If YES, Name: Service Provider: Is your complaint about Bullying or Abuse? ☐ YES ☐ NO A Racial Incident? □ YES □ NO Is your complaint about a staff member? ☐ YES ☐ NO If YES, Name: Service Provider: **COMPLAINT DETAILS:** s. 22(1)(a)(ii) COMPLETED FORM TO BE PLACED IN THE FEEDBACKO AND COMPLAINTS BOX PROVIDED AND COLLECTED BY CANSTRUCT INTERNATIONAL STAFF DAILY

Date Sent - Lead Agency

ator Time Sent - Lead Agency WHAT WOULD YOU LIKE US TO DO ABOUT YOUR COMPLAINT? s. 22(1)(a)(ii) Name of person who helped you with this form (if any): s. 22(1)(a)(ii) Signature: OFFICE USE ONLY **Actions / Comments:** Date Sent - Translator Time Sent - Translator 17 OCT 2018 0950 Date Returned - Translator Time Returned - Translator 19 OCT 2018

with my family, but I've been separated from my family.

I've missed them (my family) so much. 8 I want to live with them. Living in this condition is difficult for me. I've been really unwell emotionally. Please help me. I sincerely request ABF, IHMS or any othe responsible persons to assist me (help me).

BEFORE COMPLETING THIS FORM	M PLEASE MAKE EVERY A	TEMPT TO RESC	LVE THE MATTER	DIRECTLY WITH STAFF
Date 16/10/1	8. 22(1)(a)(ii)	Tent No.:		OFFICE USE ONLY
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Surname		□ RPC2 □ RPC3		FC877
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IOTE: By providing your mobile numbe	er you give consent for the r	elevant stakehold	er to contact you in r	relation to your complain
Have you talked to a Staff Member o				l no
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ls your complaint about Bullying or A	buse? ☐ YES ☐ NO	A Racial Inciden	it? 🗆 YES 🗆	I NO
ls your complaint about a staff memb	er? 🗆 YES 🗆 NO			
If YES, Name:		Service Provide	r:	
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## RPC COMPLAINT FORM



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iven Name	22(1)(a)(ii)		☑ RPC1	s. 22(1)(a)(ii)	Reference
urname			☐ RPC2		FC 879
			☐ RPC3		Time & Date Rece
Date of Birth					18 OCT 20
Mobile				27	9:30
TE: By providing you	r mobile number yo	ou give consent for the re	levant stakeholde	er to contact you	in relation to your com
	taff Member or Sei	rvice Provider about you		☐ YES	□ NO
YES, Name:			Service Provider		
your complaint abou			A Racial Inciden	t? ☐ YES	□ №
your complaint abou	it a staff member?	☐ YES ☐ NO			
YES, Name:		= 5.5	Service Provider		
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09/00

Hello,

larrived in Christmas Island with my

family on s. 22(1)(a)(ii) and the

I was separated from Them. They are In Australia and I am in Nauru. I miss Them a lot and wish to see them.

I would like to ask ABF, ItIMS and Other People who look after my case to arrange help me.

s. 22(1)(a)(ii)

DEFORE CONTRICTING THE FORM	DIFACE BARRE ELIEDY ATT	CA ART TO RECOLVE THE BAAT	TED DIDECTIVIANTII CTAFF
REFURE COMPLETING THIS FORM	DIFACE MARK EMERY ALL	EMPT ICI RESCIT VE THE MAT	TER DIRECTLY WITH STAFF
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s. 22(1)(a)(ii)

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		☐ RPC3		Time & Date Received
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Mobile				18 OCT 2018
OTE: By providing your mobile number yo	ou give consent for the re	levant stakeholde	er to contact you in	relation to your complain
Have you talked to a Staff Member or Se	rvice Provider about you	complaint	□ YES [	ON
If YES, Name:		Service Provide	r:	
Is your complaint about Bullying or Abus	e? □ YES □ NO	A Racial Inciden	t? 🗆 YES [	ON C
ls your complaint about a staff member?	☐ YES ☐ NO			
If YES, Name:		Service Provide	r:	
COMPLAINT DETAILS:			s. 22(1)(a)(	
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is for ABF (I	hm36	than	kss. 22	(1)(a)(ii)
WHAT WOULD YOU LIKE US TO DO ABOL	JT YOUR COMPLAINT?			
	)			
Name of person who helped you with thi	s form (if any):			O I
s. 22(1)(a)(ii)				ACED IN THE FEEDBACK
Signature:		CANSTRUC	T INTERNATIONAL	STAFF DAILY
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FORE COMPLETING THIS FORM PLEASE MA				OFFI	CE USE ON	ILY
te 18/10/10 ID.	16.	t No.:	s. 22(1)(a)(ii)		Reference	
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ate of Birth				1190	OCT 20	18
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ave you talked to a Staff Member or Service Pro	vider about your com	plaint	☐ YES	□ NO		
YES, Name:		rice Provid		□ NO		
your complaint about Bullying or Abuse?   YE	S□NO AR	acial Incid	ent? 🗆 YES	LI NO		
your complaint about a staff member?	S □ NO					
YES, Name:	Ser	vice Provi	der:		_ 1 = 1	
OMPLAINT DETAILS:				P. J.S. A		11 .
WHAT WOULD YOU LIKE US TO DO ABOUT YOU	R COMPLAINT?					
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WHAT WOULD YOU LIKE US TO DO ABOUT YOU	r complaint? s. 22(1	o(a)(ii)	.:			
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Name of person who helped you with this form s. 22(1)(a)(ii)  Signature:  OFFICE USE ONLY  Actions / Comments:	s. 22(1	COME AND C CANS	PLETED FORM TO	(PROVIDED A	E DAILY	EDBACTED E

Hi, my name is s. 22(1)(a)(ii) my family and I came to Christian Island subjected the getting there few hours late, s. 22(1)(a)(ii) legislation and I was seperated from them and 1 missed them desperately , I want to see them. My mental states is awful . Please helpme. I ask ABF, I Hms and other Organization , who are in charge of my case, please helpme. Hanks

s. 22(1)(a)(ii)

s. 22(1)(a)(ii)

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BEFORE COMPLETING THIS FORM PLEASE MAKE EV		LVE THE MATTER I	DIRECTLY WITH STAFF
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Mobile			19 OCT 2018
OTE: By providing your mobile number you give consent fo	or the relevant stakehold	er to contact you in r	relation to your complain
Have you talked to a Staff Member or Service Provider ab	out your complaint	□ YES □	l no
If YES, Name:	Service Provide	er:	
s your complaint about Bullying or Abuse? 🗆 YES 🗆 NO	A Racial Incider	nt? 🗆 YES 🗆	l no
Is your complaint about a staff member?			
If YES, Name:	Service Provide	r:	
COMPLAINT DETAILS:			
I really wiss them and miss them. I have be this is for ABF Ihr	Sueed to	n, please	s. 22(1)(a)(ii)
			4
s. 22(1)(a)(ii)  Name of person who hel			ACED IN THE FEEDBACK
ignature:		PLAINTS BOX PROVIE T INTERNATIONAL S	Y
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