

# RPC COMPLAINT FORM

FOI Document #2

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

Date	15/10/18	ID.	s. 22(1)(a)(ii)	Tent No.:		<b>OFFICE USE ONLY</b> Reference FC 072 Time & Date Received <del>15 OCT 2018</del> 16 OCT 2018 9:45
Given Name	s. 22(1)(a)(ii)			<input checked="" type="checkbox"/> RPC1	s. 22(1)(a)(ii)	
Surname				<input type="checkbox"/> RPC2		
Date of Birth				<input type="checkbox"/> RPC3		
Mobile						

NOTE: By providing your mobile number you give consent for the relevant stakeholder to contact you in relation to your complaint

Have you talked to a Staff Member or Service Provider about your complaint		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, Name:	Service Provider:	
Is your complaint about Bullying or Abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO	A Racial Incident? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your complaint about a staff member? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, Name:	Service Provider:	
<b>COMPLAINT DETAILS:</b> s. 22(1)(a)(ii)		

WHAT WOULD YOU LIKE US TO DO ABOUT YOUR COMPLAINT?

Name of person who helped you with this form (if any):	s. 22(1)(a)(ii)
Signature:	COMPLETED FORM TO BE PLACED IN THE <b>FEEDBACK AND COMPLAINTS BOX</b> PROVIDED AND COLLECTED BY CANSTRUCT INTERNATIONAL STAFF DAILY

<b>OFFICE USE ONLY</b>		
Actions / Comments:		
Date Sent - Translator 16 OCT 2018	Time Sent - Translator 1000	Date Sent - Lead Agency
Date Returned - Translator 19 OCT 2018	Time Returned - Translator 0900	Time Sent - Lead Agency

I am s. 22(1)(a)(ii) I came to CI on the s. 22(1)(a)(ii)  
s. 22(1)(a)(ii) with my family.

They separated me from my family.  
@ my conditions and health status are  
very bad; I am worried and miss  
them.

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

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

# RPC COMPLAINT FORM

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

Date	26/10/18	ID.	s. 22(1)(a)(ii)	Tent No.:		<b>OFFICE USE ONLY</b> Reference FC075 Time & Date Received 17 OCT 2018 0930
Given Name	s. 22(1)(a)(ii)		<input checked="" type="checkbox"/> RPC1 <input type="checkbox"/> RPC2 <input type="checkbox"/> RPC3	s. 22(1)(a)(ii)		
Surname						
Date of Birth						
Mobile						

NOTE: By providing your mobile number you give consent for the relevant stakeholder to contact you in relation to your complaint

Have you talked to a Staff Member or Service Provider about your complaint		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, Name:	Service Provider:	
Is your complaint about Bullying or Abuse?	<input type="checkbox"/> YES <input type="checkbox"/> NO	A Racial Incident? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is your complaint about a staff member?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, Name:	Service Provider:	
<b>COMPLAINT DETAILS:</b> s. 22(1)(a)(ii)		

WHAT WOULD YOU LIKE US TO DO ABOUT YOUR COMPLAINT?

Name of person who helped you with this form (if any):

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

Signature: \_\_\_\_\_

COMPLETED FORM TO BE PLACED IN THE **FEEDBACK AND COMPLAINTS BOX** PROVIDED AND COLLECTED BY CANSTRUCT INTERNATIONAL STAFF DAILY

<b>OFFICE USE ONLY</b>		
Actions / Comments:		
Date Sent - Translator	Time Sent - Translator	Date Sent - Lead Agency
17 OCT 2018	0950	
Date Returned - Translator	Time Returned - Translator	Time Sent - Lead Agency
19 OCT 2018	0900	

Hello, My name is s. 22(1)(a)(ii) . I came to Christmas Island

FOI Document #3

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

I've missed them (my family) so much. & I want to live with them. Living in this condition is difficult for me. I've been

really unwell emotinoally. Please help me. I sincerely request

ABF, IHMS or any othe rsponsible persons to assist me (help me).



## RPC COMPLAINT FORM

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

Date	16/10/18	ID.	s. 22(1)(a)(ii)	Tent No.:		<b>OFFICE USE ONLY</b> Reference FC 877 Time & Date Received 17 OCT 2018 0930
Given Name	s. 22(1)(a)(ii)		<input checked="" type="checkbox"/> RPC1 <input type="checkbox"/> RPC2 <input type="checkbox"/> RPC3	s. 22(1)(a)(ii)		
Surname						
Date of Birth						
Mobile						

NOTE: By providing your mobile number you give consent for the relevant stakeholder to contact you in relation to your complaint

Have you talked to a Staff Member or Service Provider about your complaint		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, Name:	Service Provider:	
Is your complaint about Bullying or Abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO	A Racial Incident? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your complaint about a staff member? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, Name:	Service Provider:	
<b>COMPLAINT DETAILS:</b>		
hi my name is s. 22(1)(a)(ii) I came s. 22(1)(a)(ii) with my family and they are in Australia and me in nano please I really miss them I need to see them. I want life with them this is for ABF, I hope... please help		
<b>WHAT WOULD YOU LIKE US TO DO ABOUT YOUR COMPLAINT?</b>		

Name of person who helped you with this form (if any):  
s. 22(1)(a)(ii)

Signature: \_\_\_\_\_

COMPLETED FORM TO BE PLACED IN THE **FEEDBACK AND COMPLAINTS BOX** PROVIDED AND COLLECTED BY CANSTRUCT INTERNATIONAL STAFF DAILY

<b>OFFICE USE ONLY</b>		
Actions / Comments:		
Date Sent - Translator	Time Sent - Translator	Date Sent - Lead Agency
		17 OCT 2018
Date Returned - Translator	Time Returned - Translator	Time Sent - Lead Agency

# RPC COMPLAINT FORM

**COPY**

Translated  
POL Document #

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

Date	17/10/18	ID.	s. 22(1)(a)(ii)	Tent No.:		<b>OFFICE USE ONLY</b> Reference FC 079 Time & Date Received 18 OCT 2018 9:30
Given Name	s. 22(1)(a)(ii)			<input checked="" type="checkbox"/> RPC1	s. 22(1)(a)(ii)	
Surname				<input type="checkbox"/> RPC2		
Date of Birth				<input type="checkbox"/> RPC3		
Mobile						

NOTE: By providing your mobile number you give consent for the relevant stakeholder to contact you in relation to your complaint

Have you talked to a Staff Member or Service Provider about your complaint		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, Name:		Service Provider:	
Is your complaint about Bullying or Abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO		A Racial Incident? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your complaint about a staff member? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, Name:		Service Provider:	
<b>COMPLAINT DETAILS:</b> s. 22(1)(a)(ii)			

WHAT WOULD YOU LIKE US TO DO ABOUT YOUR COMPLAINT?

translation →

Name of person who helped you with this form (if any):

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

Signature:

COMPLETED FORM TO BE PLACED IN THE **FEEDBACK AND COMPLAINTS BOX** PROVIDED AND COLLECTED BY CANSTRUCT INTERNATIONAL STAFF DAILY

<b>OFFICE USE ONLY</b>		
Actions / Comments:		
Date Sent - Translator	Time Sent - Translator	Date Sent - Lead Agency
18 OCT 2018	10 00	
Date Returned - Translator	Time Returned - Translator	Time Sent - Lead Agency
19 OCT 2018	09 00	

Hello,

I arrived in Christmas Island with my family on s. 22(1)(a)(ii) and then

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, IHMS and other people who look after my case to ~~arrange~~ help me.

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



# RPC COMPLAINT FORM

FOI Document #4

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

Date	17/10/18	ID.	s. 22(1)(a)(ii)	Tent No.:		<b>OFFICE USE ONLY</b> Reference FCBB1 Time & Date Received 0930 18 OCT 2018
Given Name	s. 22(1)(a)(ii)			<input checked="" type="checkbox"/> RPC1	s. 22(1)(a)(ii)	
Surname				<input type="checkbox"/> RPC2		
Date of Birth				<input type="checkbox"/> RPC3		
Mobile						

NOTE: By providing your mobile number you give consent for the relevant stakeholder to contact you in relation to your complaint

Have you talked to a Staff Member or Service Provider about your complaint		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, Name:		Service Provider:	
Is your complaint about Bullying or Abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO		A Racial Incident? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your complaint about a staff member? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, Name:		Service Provider:	
<b>COMPLAINT DETAILS:</b>			
hi my name is s. 22(1)(a)(ii) I came s. 22(1)(a)(ii) with my family and they are now stay Australia and I stay in neuro please I really miss them. I need to see them please this is for ABF (I hope) ... thanks s. 22(1)(a)(ii) :-(			
<b>WHAT WOULD YOU LIKE US TO DO ABOUT YOUR COMPLAINT?</b>			

Name of person who helped you with this form (if any):

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

Signature:

COMPLETED FORM TO BE PLACED IN THE **FEEDBACK AND COMPLAINTS BOX** PROVIDED AND COLLECTED BY CANSTRUCT INTERNATIONAL STAFF DAILY

<b>OFFICE USE ONLY</b>		
Actions / Comments:		
Date Sent - Translator	Time Sent - Translator	Date Sent - Lead Agency 18 OCT 2018
Date Returned - Translator	Time Returned - Translator	Time Sent - Lead Agency



## RPC COMPLAINT FORM

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

Date	18 Nov 18	ID.	s. 22(1)(a)(ii)	Tent No.:		<b>OFFICE USE ONLY</b> Reference FC886 Time & Date Received 19 OCT 2018 1025
Given Name	s. 22(1)(a)(ii)			<input checked="" type="checkbox"/> RPC1	s. 22(1)(a)(ii)	
Surname				<input type="checkbox"/> RPC2		
Date of Birth				<input type="checkbox"/> RPC3		
Mobile						

NOTE: By providing your mobile number you give consent for the relevant stakeholder to contact you in relation to your complaint

Have you talked to a Staff Member or Service Provider about your complaint		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, Name:	Service Provider:		
Is your complaint about Bullying or Abuse?	<input type="checkbox"/> YES <input type="checkbox"/> NO	A Racial Incident?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your complaint about a staff member?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, Name:	Service Provider:		

## COMPLAINT DETAILS:

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

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:

 COMPLETED FORM TO BE PLACED IN THE **FEEDBACK AND COMPLAINTS BOX** PROVIDED AND COLLECTED BY CANSTRUCT INTERNATIONAL STAFF DAILY

## OFFICE USE ONLY

Actions / Comments:

Date Sent - Translator	Time Sent - Translator	Date Sent - Lead Agency
19 OCT 2018	1030	
Date Returned - Translator	Time Returned - Translator	Time Sent - Lead Agency
22 OCT 2018	10:45	

2

Hi, my name is [REDACTED] s. 22(1)(a)(ii) my family  
and I came to Christmas Island, because of  
getting there few hours late, so subjected the [REDACTED] s. 22(1)(a)(ii)  
legislation and I was separated from them  
and I missed them desperately. I want to see  
them. My mental state is awful. Please  
help me. I ask ABF, IHMs and other  
Organization, who are in charge of my  
case, please help me. thanks

[REDACTED] s. 22(1)(a)(ii)

Signed

[REDACTED] s. 22(1)(a)(ii)

☹

## RPC COMPLAINT FORM

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

Date	18/10/18	ID.	s. 22(1)(a)(ii)	Tent No.:		<b>OFFICE USE ONLY</b> Reference FC889 Time & Date Received 1025 19 OCT 2018
Given Name	s. 22(1)(a)(ii)		<input checked="" type="checkbox"/> RPC1 <input type="checkbox"/> RPC2 <input type="checkbox"/> RPC3	s. 22(1)(a)(ii)		
Surname						
Date of Birth						
Mobile						

NOTE: By providing your mobile number you give consent for the relevant stakeholder to contact you in relation to your complaint

Have you talked to a Staff Member or Service Provider about your complaint		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, Name:	Service Provider:	
Is your complaint about Bullying or Abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO	A Racial Incident? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your complaint about a staff member? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, Name:	Service Provider:	
<b>COMPLAINT DETAILS:</b>		
Hi. I came s. 22(1)(a)(ii) with my family and now they stay Australia and me stay in nauru please I really miss them. and I need to see them. I really miss them. I have bad dream. please help me this is for ABF I hope... Thanks s. 22(1)(a)(ii)		
<b>WHAT WOULD YOU LIKE US TO DO ABOUT YOUR COMPLAINT?</b>		
Name of person who helped: s. 22(1)(a)(ii)		
Signature: _____		
COMPLETED FORM TO BE PLACED IN THE <b>FEEDBACK AND COMPLAINTS BOX</b> PROVIDED AND COLLECTED BY CANSTRUCT INTERNATIONAL STAFF DAILY		
<b>OFFICE USE ONLY</b>		
Actions / Comments:		
Date Sent - Translator	Time Sent - Translator	Date Sent - Lead Agency
Date Returned - Translator	Time Returned - Translator	Time Sent - Lead Agency