

FEEDBACK AND COMPLAINT FORM*

The ODPP values feedback from victims, witnesses and other stakeholders. If you have a complaint, feedback or suggestion, please complete this form to ensure we have the details we need to respond.

Your name:

Name of the case you are involved and why you are involved (for example, if you are a witness in the case):

ODPP case reference number (if you know it): MATTERS No.:

Your preferred contact method and details (that is, a phone number, email address or postal address):

Your complaint, feedback or suggestion. Please provide as much detail as you can so we can identify the incident:

What would you like the ODPP to do about this complaint / feedback / suggestion?

X

Please sign and date

*This form is to be completed by ODPP staff if feedback is provided in person at an ODPP office or by phone