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**CHARITABLE FUNDRAISING ACT  
COMPLAINT REGISTER**

**TO BE COMPLETED BY REGION COMMISSIONER OR NOMINEE**

Complaint No: \_\_\_\_\_

Date Recorded: \_\_\_\_\_

Date Complaint Made: \_\_\_\_\_

**COMPLAINANT:**

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

**SUBJECT OF COMPLAINT:**

Name of Individual or Formation: \_\_\_\_\_

Details of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACTION SHEET:**

Date Prepared and forwarded: \_\_\_\_\_

Forwarded to: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Date State Office Notified of Complaint: \_\_\_\_\_

Date Action Sheet Returned after investigation: \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Manner in which Complainant was informed of outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date State Office notified of finalisation of Complaint: \_\_\_\_\_

# ACTION SHEET

**FINDINGS:**

Persons Interviewed:

- 1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_
  
- 2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_
  
- 3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_

**Details of Investigation:**

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**Recommendations:**

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Complainant notified of outcome by: \_\_\_\_\_  
Date of Notification: \_\_\_\_\_

**NOTE:** The Region Commissioner may wish to arrange for the complainant to be notified. If this is required, notification will be given at the time of issue of this Action Sheet.

Date State Office informed of finalisation of complaint: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Region: \_\_\_\_\_