

YOUTH ConCERN FORM

This form allows you to provide information if you have a concern about your care or treatment within Defence or a Defence youth program.

When completing this form please provide as much information as possible and include your name and preferred contact details so we can contact you to discuss your concern.

Please use this form after you have explored local avenues. For example, we recommend trying to resolve your concern with your local Commander or Supervisor or someone you trust within your youth program/work area first. If that isn't an appropriate option, or you have already reported your complaint to your local Commander or Supervisor and would like to make a confidential complaint through another mechanism, please complete this form.

A parent, guardian or other adult may submit this form on behalf of a person under 18.

The information you provide is treated confidentially and will only be disclosed to relevant personnel in order to achieve the best outcome for you. Please be aware that if it is essential for your protection Defence may be required to share information about your complaint with others (e.g. informing the police if a crime is suspected to have occurred). For information on how Defence manages youth protection information, refer to YOUTHPOLMAN Part 1, Section 1 Chapter 2: Youth Protection Documentation, Records and Privacy.

1. About you

Please provide as much information about yourself as possible so that we are able to get in touch with you and provide appropriate support and resolution.

Name:

Age: Under the age of 18 18 years or older On behalf of a person under 18

We ask this question because Defence has special obligations to protect persons under the age of 18.

Contact details (phone number and/or email):

Address:

***Parent/ guardian name:**

***Parent/ guardian contact details:**

** To be completed if you are under the age of 18.*

We ask this question because we may need to contact your parent/ guardian about your safety. We will only do this where it is in your best interest.

2. Program details

Select the program you attend/ed from the list below:

ADF Cadets Defence Work Experience Program (DWEPP) Other Defence Youth Programs
 Defence Recruit/employee Other:

Unit/ location (if applicable):

3. Details of the incident

Please provide as much information about the circumstances of the incident and people involved as possible, to assist us in managing your concern.

Date of the incident:

Where did it happen:

Time:

Commander/ Supervisor in charge:

Other persons relevant to/ present at the incident:

Any witnesses to the incident:

Describe what happened:

(Please include as much detail as you can remember. Please use additional pages if needed. If applicable, attach evidence on additional pages.)

4. Have you reported this elsewhere?

No Yes

(If you answered yes, please specify when and to whom)

5. Next steps

A member of the Joint Support Services Division within Defence will be in contact with you as soon as practicable to acknowledge your complaint and provide information on next steps. If there is a specific action or resolution you are seeking, please outline below.