

ABN 56 004 920 745
PO Box 2042
Bayswater
Victoria 3153 Australia

The Wireless Institute of Australia



Complaint of National WIA Business Administration or Processes

Instructions for Completion

What to Supply: Complete this form Copies of supporting correspondence	Where to send: The Executive Manager Wireless Institute of Australia PO Box 2042 Bayswater Victoria 3153 Australia Phone: + 61 3 9729 0400 Facsimile: + 61 3 9729 7325
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How your Complaint will be handled

1. Where a person makes a formal Complaint, **about WIA Business Administration or Processes by the WIA** in relation to that person, the WIA will:
 - (a) acknowledge the complaint within ten Working Days of receipt; and
 - (b) Will appoint a delegate of the WIA who was not associated or party to the original formal inquiry or consideration and advise you of that person's name: and
 - (c) Will properly consider the complaint and provide a response within 30 days of receipt of the complaint.

If the complaint relates to the administration of Assessments, Certificate Issue or Callsign Recommendations please use WIA form 18.

Notes:

The WIA National Office is closed from Christmas Eve until the 3rd week of January each year and complaints will not be processed within this period. The 40 day decision period will commence from the 1st day of business after the office re-opens.

Does your Complaint fall into any of the following service areas? Tick any box[s]

Does your complaint relate to one or more of the following areas?

- Membership including payments, renewal of membership, MemNet
- Amateur radio magazine including postage or electronic distribution.
- Affiliated Clubs including Club Insurance
- Awards, Contests
- Applications for Beacon or Repeater Licences
- Bandplans

Privacy

Your Complaint will be handled in accordance with the WIA Privacy Policy and relevant State and Commonwealth legislation. A copy of this policy may be obtained from the WIA National Website. Details of your complaint will **not** be forwarded to a third party without your express authorisation.

Personal Information

Title:..... Surname:

Given Name: Callsign [If Applicable]:

Contact Details

Street No/Name/PO Box No:

Town/Suburb:State:Postcode:

Phone Number:Mobile:

Email :.....

Signature:

Date:

Complaint Summary: Attach other pages as necessary



Office Use Only

Date Complaint Received / / 20
Date Complainant Acknowledged / / 20
Date Complainant Notified Outcome / / 20