



ClubsVIC Self Exclusion Program Independent Complaint Resolution Process (ICRP)

Have you discussed this matter with manager of the club against whom you are making a complaint?
Yes _____ No _____

If you have not discussed the matter with the manager of the club, have you discussed the matter with another representative of the club? Yes _____ No _____

What is that person's name &/or title?

What was the manager's/club representative's response?

Have you contacted the Self Exclusion Administrator and had the ICRP explained to you prior to lodging the complaint? _____

I acknowledge that my complaint will be dealt with in accordance with the provision of Independent Complaint Resolution Process (ICRP) and that I am bound by those provisions.

Should my complaint progress to stage when a written report is required to be given regarding my complaint I do/do not (*circle preference*) want my identity to be disclosed in that report.

Signature

Date

Please return the completed form to:

Self Exclusion Administrator

PO Box 4066

Fitzroy VIC 3065

Email: sep@ccv.net.au

Fax: (03) 9419 6858

Telephone: (03) 8851 4949