



Please describe how the above incident has effected you or the person you are representing.

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Please provide details on how you became aware of the above incident.

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What is your expected outcome?

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**DECLARATION:**

I declare that the information I have provided is complete and correct.

Complainant's Signature:  
(or signature of authorised representative)

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Date:

**WHERE TO SEND THIS FORM:**

Please return this form along with any supporting documents and proof of authority (if applicable) to:

**Email:** [privacyofficer@stlukes.com.au](mailto:privacyofficer@stlukes.com.au)

**Address:** The Privacy Officer, St.LukesHealth, P.O Box 915, Launceston TAS 7250.

We will endeavor to resolve any issues or complaints we receive within 30 days.