



Australian Hotels Association (Victoria) Self-Exclusion Program – Complaint Form

By submitting this form, you confirm that the information provided is true and correct to the best of your knowledge. Your information will be used to assess and respond to your complaint and may be shared with relevant parties where required.

1. Your Contact Details

Name

Address

Suburb / Postcode

Phone

Mobile

Email

2. Venue Information

Venue name

Venue address

Suburb / Postcode

Venue phone

Manager / staff member

3. Incident Information

Date of incident

Approximate time

Location in venue

4. What happened?

5. Have you spoken with the venue?

Discussed with venue manager? Yes / No

Spoken with another staff member? Yes / No

Staff member name / role

6. Which clause in the deed of Self-Exclusion is believed to be breached

7. Privacy and Complaint Handling

Patrons are required to provide their full name and contact details to allow their identity to be verified and the complaint to be appropriately assessed. By completing and submitting this form, you consent to your information being shared with relevant parties for the purpose of reviewing and investigating your complaint.

Signature

Date

Return to:

Self-Exclusion Manager - AHA (Vic)

PO Box 18067 Collins St East VIC 8003

self.exclusion@ahavic.com.au | 03 9654 3491