**COMPETITIVE NEUTRALITY COMPLAINT INVESTIGATION**

**COMPLAINT PROFORMA**

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| **NAME AND ADDRESS OF COMPLAINANT (PLEASE PRINT)**  Name: .....................................................................E-mail.....................................................................  Name of business: ...................................................................................................................................  Address: ..................................................................................................................................................  ..................................................................................................................................................................  Tel: ........................................................ Fax: .........................................................................  Do you consent to your complaint and other non-confidential information being provided to the government business for their response? YES/NO (please circle)  **Confidential complaints are accepted. However, if you wish to keep your identity confidential it may slow investigation of your complaints. Also your identity may be obvious to them.** |
| **BUSINESS ACTIVITY**  *Please describe the nature of your business:*  ..................................................................................................................................................................  ..................................................................................................................................................................  .................................................................................................................................................................. How long has your business been operating? .........................................................................................Do you have other local business competitors (private sector)? **Yes / No** How many?:...............Are there any special features of the market we should be aware of (such as an isolated population)? ..................................................................................................................................................................  ................................................................................................................................................................... |
| **GOVERNMENT BUSINESS/ SUBJECT OF COMPLAINT**  *Please identify the government agency that you are making a complaint about:*  ...................................................................................................................................................................  ...................................................................................................................................................................  ...................................................................................................................................................................  ...................................................................................................................................................................  ...................................................................................................................................................................  ...................................................................................................................................................................  ................................................................................................................................................................... |
| **SUMMARY OF COMPLAINT**  *Please indicate the type(s) of unfair advantage(s) that the government business has as a result of its government ownership:*  ..................................................................................................................................................................  ..................................................................................................................................................................  ..................................................................................................................................................................  ..................................................................................................................................................................  ..................................................................................................................................................................  ..................................................................................................................................................................  ..................................................................................................................................................................  ..................................................................................................................................................................  ..................................................................................................................................................................  *(Please attach on a separate page any additional information about the complaint that would assist the Office in assessing your complaint)* |
| **INFORMATION IN SUPPORT OF THE COMPLAINT**  *Have you contacted the government agency to discuss your concerns?* **Yes / No**  *If so, please attach copies of relevant correspondence between you and the government business*.  *Please provide (or attach) any other written evidence which substantiates your complaint (and list below). Examples might include: newspaper articles which substantiate aspects of your complaint or information you may have regarding the costing or pricing practices of the government business.*  ..................................................................................................................................................................  ..................................................................................................................................................................  ...................................................................................................................................................................  ...................................................................................................................................................................  ................................................................................................................................................................... |
| Signed....................................................................................................Date............................................ |

REMEMBER: If there is commercially sensitive information which you do not wish to be disclosed, mark it clearly as COMMERCIAL IN CONFIDENCE and bring it to the attention of the Office.

If you need further assistance in relation to your complaint, please contact:

Competitive Neutrality  
Office of the Commissioner for Better Regulation  
GPO Box 4379 Melbourne 3001  
Tel: 9092 5800; Fax: 9092 5845

Website: [www.betterregulation.vic.gov.au](http://www.betterregulation.vic.gov.au) E-mail: [cn@betterreg.vic.gov.au](mailto:cn@betterreg.vic.gov.au)