



Application Form for Claiming Compensation Under the CDDA Scheme

How to use this form

You can use this form to seek compensation from the Office of the Commonwealth Ombudsman under the Scheme for Compensation for Detriment caused by Defective Administration (CDDA Scheme). You should work your way through each part of this form in order. It is designed to help make sure that you give us the right information and documents.

IMPORTANT: *this form is to claim compensation from the Ombudsman because you believe that the Ombudsman caused you loss through its defective administration. It is not a form to make a complaint or claim compensation from another agency.*

Compensation is never a guarantee. If you need assistance completing this form, please contact CDDAclaims@ombudsman.gov.au.

You can learn more about how we protect your privacy and use your information at the end of this form.

Details of the person, company or organisation claiming compensation

1. Are you making this claim on behalf of a company, an organisation or a different person?
 - If **YES**, complete number 2 (then move to number 4).
 - If **NO**, complete number 3 (then move to number 4).

2. Details of the claimant and the person lodging this form.

If an **individual** is claiming compensation, please provide these details:

Title	
First name	
Last name	
Date of birth	
Residential address	
Telephone number	
Email	

If a **company** or an **organisation** is claiming compensation, please provide these details:

Name	
Type	
ABN or ACN	
Address	
Telephone number	
Email	

Please provide these details, as the **person who is lodging this form**:

First name	
Last name	
Date of birth	
Residential address	
Telephone number	
Email	

3. Details of the **person who is claiming compensation**:

First name	
Last name	
Date of birth	
Residential address	
Telephone number	
Email	

Complaint details (if applicable)

4. Does this claim for compensation relate to a previous or ongoing complaint made to the Ombudsman by the claimant?

- If **YES**, complete number 5 (then move to number 6).
- If **NO**, move to number 6.

Note: the 'claimant' is the person, company or organisation who is claiming compensation from the Ombudsman. This may not be the same as the person completing this application form.



5. Details of the complaint:

Date of complaint	
Reference number	
Type of complaint	

Compensation claim

Note: this part of the form takes you through the criteria for compensation under the CDDA Scheme. It is designed so that you can step through what the decision-maker will be considering when assessing the claim.

6. Does the claimant believe that the Ombudsman engaged in defective administration?

Note: defective administration means a specific and unreasonable failure to follow existing administrative procedure, an unreasonable failure to establish appropriate procedures, an unreasonable failure to give proper advice or giving advice to (or for) the claimant that was incorrect or ambiguous. For more information about this, please visit [our website](#).

- If **YES**, complete number 7 (then move to number 8).
- If **NO**, a claim for compensation under the CDDA Scheme should not be made. The CDDA Scheme requires there to have been defective administration.

7. Details of the defective administration (this is where you tell us why you think that the Ombudsman has engaged in defective administration, please be as detailed as possible):

8. Does the claimant believe that the defective administration directly caused them detriment?

- If **YES**, complete numbers 9, 10 and 11 (then move to number 12).
- If **NO**, a claim for compensation under the CDDA Scheme should not be made. The CDDA Scheme requires there to have been detriment and this to have been directly caused by the defective administration. Instead, the claimant may wish to make a complaint about the Ombudsman via our [online form](#).

Note: you can claim compensation for financial loss or non-financial loss, or both. For non-financial loss, the decision-maker is very unlikely to consider paying compensation unless this amounts to a personal injury (in other words, a legally recognised injury). The decision-maker is very unlikely to consider paying compensation for grief, anxiety, embarrassment or disappointment if those things do not amount to a legally recognised injury.

9. What type of detriment is the claimant saying occurred?

Financial	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-financial	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. How much money is the claimant seeking in compensation from the Ombudsman?

Total amount	\$
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11. Details of the detriment (this is where you tell us why you think that the defective administration directly caused detriment and the nature of the detriment, please be as detailed as possible):



12. Did the claimant contribute to the detriment in anyway, whatsoever?

- If **YES**, complete number 13 (then move to number 14).
- If **NO**, move to number 14.

Note: for example, the claimant may have accidentally made the situation worse or contributed to the harm in some way. They might have been required to do things they did not do.

13. Details of the claimants' contribution to the detriment (this is where you tell us what the claimant did, or might have done that made things worse)

Documents to support the claim

IMPORTANT: in many cases, the claimant is going to need to provide documents support the claim. You can think of this as 'evidence'. Evidence can include things like copies of relevant emails, receipts, reports, text messages, bank transactions and letters. These are the things that will help show the Ombudsman has engaged in defective administration and that this directly caused the claimant loss.

14. Does the claimant have evidence to support the claim for compensation?

- If **YES**, please provide copies of relevant evidence with this application form to CDDAclaims@ombudsman.gov.au
- If **NO**, please reconsider whether the claimant has provided enough information in this form. If the claimant is unsure a document might help, please provide it anyway.



Next steps in the application process

Once received, the legal team will review your application and be in touch with further steps to process your claim.

Privacy notice

The information collected in this form is necessary for us to assess your application under the CDDA Scheme, and is protected by the *Privacy Act 1988*.

If you do not provide the requested information, we may not be able to process your claim.

In order to assess your claim, we may contact other Australian Government entities or Australian Public Service employees that could hold information about your claim to request it and use it in order to process your claim.

Our staff will use any information you provide to assess your claim for compensation and in doing so may also disclose this information to other Australian Government entities or Australian Public Service employees.

We will not otherwise use or disclose your information without your consent, unless authorised or required by law.

See our website for our [privacy policy](#).

Declaration

I declare to the best of my knowledge and belief, the information that I have supplied in or attached to this application is accurate and true, and that all relevant information has been included.

Signature

Date