



Claim under the Scheme for Compensation for Detriment caused by Defective Administration

Section A: General information

Purpose of this form	<p>For individuals, companies or their agent to make a claim under the Scheme for Compensation for Detriment caused by Defective Administration (CDDA scheme).</p> <p>To be eligible, applicants need to show that our defective administration directly caused detriment or loss.</p> <p>Compensation under the CDDA scheme is not paid for every claim that is made.</p>
Before applying	<p>Seek feedback from the department</p> <p>You must seek feedback from the relevant departmental area about the interaction that you're claiming for.</p> <p>If you don't know who to approach, contact Client Feedback.</p> <p>Learn more about CDDA</p> <ul style="list-style-type: none">• claiming compensation• CDDA scheme guidelines. <p>Speak to your broker or agent before lodging a claim.</p>
To complete this form	<p>Electronically</p> <p>You need the latest version of Adobe Acrobat Reader to save changes to this form on your computer or device. Download the Adobe Acrobat Reader mobile app for your smartphone or tablet.</p> <p>Manually</p> <p>Use black or blue pen</p> <p>Print in BLOCK LETTERS</p> <p>Mark boxes with a tick or a cross</p>
Your application must include	<p>if you are making this application on behalf of another party, evidence that you have authority to act on their behalf</p> <p>evidence of the loss you are claiming (e.g. an invoice)</p> <p>any of the following documents (if available):</p> <ul style="list-style-type: none">• relevant import or export permit• biosecurity directions issued by a departmental officer• inspection booking request forms submitted to the department.
Submit your claim (emailed claims preferred)	<p>Discretionary Compensation Team, Legal Division Department of Agriculture, Fisheries and Forestry GPO Box 858 Canberra ACT 2601 Email Discretionary.CompensationClaims@aff.gov.au</p>

Section B: Claimant

1 Person completing this form

Given name(s)

Family name

Work phone (include area code)

Mobile phone

Email

2 Are you making a claim as, or on behalf of, an individual or a business? (select one box)

Business Go to question 3

Individual Go to question 6

3 Business name

Principal business activity

Company name (if applicable)

4 Australian business registration

Australian Business Number (ABN)

Australian Company Number (ACN)

5 Business address

Street address (PO Box will not be accepted)

Suburb/town/city

State/territory

Postcode

6 Are you making this application on behalf of someone else? (select one box)

No Go to Section C

Yes Go to question 7

7 Details of person or company on whose behalf you are making this claim. If acting on behalf of a company, provide details of the representative of the company who has authorised you as agent.

Attach evidence that you have authority to act as this person's or company's agent.

Given name(s)

Family name

Email

8 Nature of the relationship (e.g. 'I am their broker' or 'I am their freight forwarder')

Section C: Reasons for claiming compensation

Attach more pages if necessary.

9 Which areas in the department are involved in this claim? (select one or more boxes)

Biosecurity

Export

Permits

Post entry quarantine (PEQ) facility

Other

If 'Other', provide details

10 Which commodities are included in this claim? (select one or more boxes)

Cargo

Imported food

Personal effects

Pets

Other

If 'Other', provide details

11 How were these commodities affected? (select one or more boxes)

Damaged

Destroyed

Not processed or available when expected

Other

If 'Other', provide details

12 In the case of a commodity that was not processed or available when expected:

- a) state the length of processing time you were expecting

- b) explain how you calculated this figure

Did you ask the department to explain the reason for the delay?

No

Yes

If 'Yes', provide details of the department's response

13 Does your claim involve a debt owed to us that has arisen from charges?

No

Yes

If 'Yes', provide details of the department's response

14 What aspect of our administration directly caused you detriment or loss? (select one or more boxes)

Department failed to follow administrative procedures that would normally apply

- a) Which procedures were not followed?

- b) Why was it unreasonable for us not to follow the procedures?

Department failed to institute proper administrative procedures

- a) Which procedures do you believe we should have instituted?

- b) Why was it unreasonable that these procedures did not to exist?

Department failed to give me clear or correct advice

- a) What, if any, advice was given?

- b) Why do you claim the advice given was incorrect or ambiguous, or what advice should we have given you?

Other

- a) If 'Other', provide details

15 Provide a brief timeline of events relevant to your situation. (maximum 500 characters)

Section D: Compensation being sought

Attach more pages if necessary.

16 Indicate how the department's defective administration directly caused each loss.

Type of loss

Department's role in causing the loss

17 Indicate how you have calculated the amount of compensation you are claiming.

Type of loss (as per column 1, question 16)

Amount claimed

How did you calculate this amount?

Total amount of compensation you are claiming (\$)

18 Did you take any actions at the time that the incident occurred to mitigate or reduce the loss you claim to have suffered?

No

If 'No', explain why you didn't take action

Yes

If 'Yes', provide details of your actions

19 List any documents you are attaching in support of your claim.

Document title

Format (e.g. Word)

Section E: Related applications

20 Have you contacted the relevant area of the department about the circumstances surrounding your compensation claim?

No Go to question 22

Yes Go to question 21

21 Have you received a response from the relevant area of the department about the circumstances surrounding your compensation claim?

Yes

If 'Yes', provide details of the department's response

No Go to question 22

If 'No', what date (if any) did the department advise you to expect a response (dd/mm/yyyy)?

22 Has your claim previously been determined by the Department of Finance under the [Act of Grace](#) provisions?

No

Yes

If 'Yes', provide details

23 List any actions you have taken (other than making this claim) to seek compensation for the loss you are claiming. (maximum 200 characters)

Section F: Applicant declaration

To be completed by the claimant or their agent named in section B of this application. For agents acting for claimants, references to 'my' also refer to the agent's principal, and the agent is consenting on the principal's behalf.

As the claimant or the claimant's agent, I declare that the information I have provided is true and correct to the best of my knowledge. I understand that it is a criminal offence under the *Criminal Code Act 1995* to knowingly give false or misleading information to a Commonwealth officer exercising powers under Commonwealth law. This offence carries a maximum penalty of 12 months' imprisonment.

I understand that the department may have to access my personal information for the purpose of assessing my CDDA claim.

I consent to the department providing information that may be contained in departmental systems, and that relates to my CDDA claim and is, or is derived from, my personal information or information relating to me that is commercial-in-confidence and was obtained under or in accordance with the *Biosecurity Act 2015*, for the purpose of assessing, processing and making a decision about my CDDA claim. This may also include disclosing this information to a law firm retained by the department to assist in briefing the decision-maker on my CDDA claim.

I have read and understood the [privacy notice](#) and Privacy Policy.

Signature (enter signature or type your name)

Date (dd/mm/yyyy)

Full name

Section G: Privacy notice

'Personal information' means information or an opinion about an identified, or reasonably identifiable, individual.

'Sensitive information' is a subset of personal information and includes any information or opinion about an individual's racial or ethnic origin, political opinion or association, religious beliefs or affiliations, philosophical beliefs, sexual preferences or practices, trade or professional associations and memberships, union membership, criminal record, health or genetic information and biometric information or templates.

By completing and submitting this form you consent to the collection of all personal information, including sensitive information, contained in this form.

The Department of Agriculture, Fisheries and Forestry collects your personal information (as defined in the *Privacy Act 1988*) in relation to this form to process and manage your claim. If you fail to provide some or all of the personal information requested in this form, the department may be unable to process your application.

The department may disclose your personal information to Australian Government agencies, persons or organisations (including law firms advising the department) where necessary for the purposes described, provided the disclosure is consistent with relevant laws, particularly the Privacy Act. Your personal information will be used and stored in accordance with the Australian Privacy Principles.

See our [Privacy Policy](#) web page to learn more about accessing or correcting personal information or making a complaint. Alternatively, email our Privacy Officer at privacy@aff.gov.au.

Please note: in order for the 'save' and 'submit' buttons to function, this form is required to be saved first into your computer.