

Please read our Information Sheet 'Complaints by overseas students' on our website at [www.ombudsman.wa.gov.au](http://www.ombudsman.wa.gov.au) before completing this form. The **Western Australian Ombudsman** deals with complaints about **Western Australian public education providers**. Complaints about **private education providers** should be made to the **Overseas Student Ombudsman** at [www.ombudsman.gov.au](http://www.ombudsman.gov.au).

You should complain to your public university, college, institute or school (**public education provider**) first. If you still believe a decision made or action taken by your public education provider is unfair or wrong, you can complain to the Ombudsman.

If you would like further information before making your complaint, you can contact us on (08) 9220 7555, 1800 117 000 (toll free from land lines) or through the Interpreter Service on 131 450.

The information you provide will only be used for the purpose of assessing and investigating your complaint.

<b>What public education provider are you complaining about?</b>	Name:	Campus:
	Course:	Student ID No.:

<b>Have you lodged an internal appeal with your public education provider?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, please contact your public education provider's international student advisor for help to lodge an internal review before you complain to the Ombudsman.	
If Yes, and you are still believe the decision was unfair or wrong, please tell us about your complaint on this form.	

Your contact details			
<b>Name</b>	Title:	Given name/s:	Surname:
<b>Mailing address</b>	Street or PO Box:		
	Suburb:	Postcode:	
<b>Telephone</b>	Home:	Mobile:	Work:
<b>Email</b>			

Do you want someone to help you with your complaint?	
<b>Authority to Act:</b> Do you authorise someone to represent you and communicate with us about your complaint?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please tell us your Representative's contact details:
	Representative's name:
	Street address or PO Box:
	Suburb: Postcode:
	Telephone: Email:

Do you require help to access our services?	
Do you have a disability that means you require assistance to access our services?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please tell us how we can assist you: .....
Do you need a translator?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please tell us what language you require: .....

How did you find out about the Ombudsman?				
<input type="checkbox"/> Referred by agency	<input type="checkbox"/> Ombudsman Brochure	<input type="checkbox"/> Community Group	<input type="checkbox"/> TV	<input type="checkbox"/> Member of Parliament
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Ombudsman Website	<input type="checkbox"/> Phone Book	<input type="checkbox"/> Radio	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Legal/Other adviser	<input type="checkbox"/> Ombudsman Regional Visit	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Newspaper	.....

Did your public education provider warn you under what circumstances your enrolment could be terminated / excluded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you informed of support services available to assist you? If Yes, how and when were you informed of the available support services? .....	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you contact any of your public education provider support services for advice or assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did your public education provider refuse to process your appeal because it was not received in time?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**TELL US ABOUT YOUR COMPLAINT**  
**What do you think your public education provider has done wrong and when did it happen?**  
*(Use additional paper if you need to. Attach all supporting evidence to this form.)*

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**Signature:** ..... **Date:** \_\_ / \_\_ / \_\_ \_\_

**Other information about you**

By filling in this information, you will be helping us ensure our services are available to all of the Western Australian community. The personal information you provide is confidential to our office. Any information we release will only identify groups to analyse access by different members within the community. The analysis will not provide any information about individuals. While we would appreciate your responses, you are not required to fill in this part of the form.

What is your date of birth?	Which gender do you identify as?	In which country were you born?
__ / __ / ____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (indeterminate/intersex/unspecified)	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: .....

**Are you of Aboriginal or Torres Strait Islander origin?**

No     Yes, Aboriginal and Torres Strait Islander  
 Yes, Aboriginal                               Yes, Torres Strait Islander

**What is the primary language spoken at home?**

English     Indigenous Australian     Other, please specify: .....

**Do you have an ongoing disability?**

Yes     No  
 If yes, please indicate what your disability involves below:

<input type="checkbox"/> Sight	<input type="checkbox"/> Learning	<input type="checkbox"/> Long term medical, physical or mental condition
<input type="checkbox"/> Speech	<input type="checkbox"/> Use of hands/arms	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Hearing	<input type="checkbox"/> Use of feet/legs	.....

**Please return this form to Ombudsman Western Australia**

**By Post:** PO Box Z5386 St Georges Terrace Perth WA 6831

**In Person:** Level 2, 469 Wellington Street, Perth WA 6000

**Email:** mail@ombudsman.wa.gov.au

**For assistance, call us** on 08 9220 7555 or 1800 117 000 (free from landlines)



**Interpreter** 131 450



**National Relay Service** Quote 08 9220 7555:

TTY 133 677 • Voice-only (speak and listen) 1300 555 727

SMS Relay Text 0423 677 767

**For more information,** visit our website [www.ombudsman.wa.gov.au](http://www.ombudsman.wa.gov.au)