# Ombudsman Western Australia

# Complaint Form

Revised April 2018

**Please use this form to make a complaint about a State Government department or agency, local government or university.**

For information on what you can and cannot complain about go to 'How to make a complaint' on our website at www.ombudsman.wa.gov.au or contact us on (08) 9220 7555 or 1800 117 000 (toll free from landlines) for assistance.

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

| **What State Government department or agency, local government or university are you complaining about?** | |
|---|---|

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

| **Do you want someone to help you with your complaint?** | | |
|---|---|---|
| **Authority to Act:** Do you authorise someone to represent you and communicate with us about your complaint? | ❑ No ❑ 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? | ❑ No ❑ Yes | If yes, please tell us how we can assist you: ..... ..... |
| Do you need a translator? | ❑ No ❑ Yes | If yes, please tell us what language you require: ..... |

**How did you find out about the Ombudsman?**

| | | | | |
|---|---|---|---|---|
| ❑ Referred by agency | ❑ Ombudsman Brochure | ❑ Community Group | ❑ TV | ❑ Member of Parliament |
| ❑ Friend/Relative | ❑ Ombudsman Website | ❑ Phone Book | ❑ Radio | ❑ Other, please specify: |
| ❑ Legal/Other adviser | ❑ Ombudsman Regional Visit | ❑ Internet Search | ❑ Newspaper | ..... |

**Tell us about your complaint**

Tell us what you think has gone wrong and when it happened. If possible, provide us with the names of the people involved. Please add extra pages if necessary and attach copies of relevant documents such as letters, reports, photographs etc.

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**Have you made a complaint to the agency you are complaining about?** ❑ **No** ❑ **Yes**

**If yes, what happened and when did you contact them?**

**What do you think the agency should do to resolve the problem?**

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? |
|---|---|---|
| _ _ / _ _ / _ _ _ _ | ❑ Male ❑ Female<br>❑ X (indeterminate/intersex/unspecified) | ❑ Australia ❑ Other, please specify: …… |

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

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

❑ Sight ❑ Learning ❑ Long term medical, physical or mental condition
❑ Speech ❑ Use of hands/arms ❑ Other, please specify:
❑ Hearing ❑ 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
**Fax:** 08 9220 7500

For assistance, phone 08 9220 7555 or 1800 117 000 (toll free from landlines) or visit **www.ombudsman.wa.gov.au**
Interpreter Service 131 450
National Relay Service (quote 08 9220 7555) TTY or modem users phone 133 677
Voice-only (speak and listen) users phone 1300 555 727 SMS Relay users text 0423 677 767