



# Ombudsman Western Australia Complaint Form

**Have you made a complaint to the agency you are complaining about?**  No  Yes  
**If yes, what happened and when did you contact them?**

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

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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  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:

<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	