

# Ombudsman Western Australia Complaint Form

Revised  
October 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](http://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.

<b>What State Government department or agency, local government or university are you complaining about?</b>	
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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	.....

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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# 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?**

<input type="checkbox"/> Yes If yes, please indicate what your disability involves below: <input type="checkbox"/> Sight <input type="checkbox"/> Learning <input type="checkbox"/> Speech <input type="checkbox"/> Use of hands/arms <input type="checkbox"/> Hearing <input type="checkbox"/> Use of feet/legs	<input type="checkbox"/> No  <input type="checkbox"/> Long term medical, physical or mental condition <input type="checkbox"/> Other, please specify: .....
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**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)