**Ombudsman Western Australia** 

## **Complaint Form for Overseas Students**

Revised February 2022

Please read our Information Sheet 'Complaints by overseas students' on our website at <u>www.ombudsman.wa.gov.au</u> 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 <u>www.ombudsman.gov.au</u>.

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 (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.

What public education provider are you complaining about?		Name:			Cam	Campus:						
		Course:			Stud	Student ID No.:						
Have you lodged an in	ternal appea	l with your public	tion provider?		Yes 🖬 No 🗖							
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												
Name	Title: Given name/s:			Surname:								
Pronouns	□ he/him/his □ she/her/hers □ they/them/theirs □ Prefer not to say						ot to say					
Mailing address	Street or PO Box:											
	Suburb:			Postcode:								
Telephone	Home:		Mobile	e: Work:								
Email												
Do you need 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:											
	Pronouns: D he/him/his D she/her/hers D th				hey/the	ey/them/theirs 🛛 🛛 Prefer not to say						
	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	lf yes, p	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?												
<ul> <li>Referred by agency</li> <li>Friend/Relative</li> <li>Legal/Other adviser</li> <li>Ombudsman Brochure</li> <li>Ombudsman Website</li> <li>Ombudsman Regional Visit</li> </ul>			🖵 Pł	ommunity Group none Book ternet Search	□ TV □ Rad □ New		<ul> <li>Member of Parliament</li> <li>Other, please specify:</li> </ul>					

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Did your public education provie terminated / excluded?	Yes 🗖	No 🗖									
Were you informed of support s	Yes 🗖	No 🗖									
If Yes, how and when were you											
Did you contact any of your put	Yes 🗖	No 🗖									
Did your public education provid	Yes 🗆	No 🗖									
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.)											
Signature:	_//_										
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	Australia Other, plea	se specify:							
//	Non-binary	Prefer not to say									
Are you of Aboriginal or Torr	es Strait Island	er origin?									
Image: No       Image: Yes, Aboriginal and Torres Strait Islander         Image: Yes, Aboriginal       Image: Yes, Aboriginal and Torres Strait Islander         Image: Yes, Aboriginal       Image: Yes, Torres Strait Islander											
What is the primary language	spoken at hon	ne?									
English Indigenous Austr	alian 🛛 Other, pl	ease specify:									
Do you have an ongoing disa	bility?										
Yes No	alia a ballita a ing di	- h - l									
If yes, please indicate what your disability involves below:           Sight         Learning         Long term medical, physical or mental condition											
Speech	Use of han		□ Other, please specify:								
u Hearing	Use of feet		, p								

Please return this form to Ombudsman Western Australia

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

Email: mail@ombudsman.wa.gov.au

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

G=G=C Interpr

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