Please read our Information Sheet ‘Complaints by overseas students’ on our website at 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.

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.

<table>
<thead>
<tr>
<th>What public education provider are you complaining about?</th>
<th>Name:</th>
<th>Campus:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Course:</td>
<td>Student ID No.:</td>
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Have you lodged an internal appeal with your public education 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title:</th>
<th>Given name/s:</th>
<th>Surname:</th>
</tr>
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<table>
<thead>
<tr>
<th>Mailing address</th>
<th>Street or PO Box:</th>
<th>Suburb:</th>
<th>Postcode:</th>
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<thead>
<tr>
<th>Telephone</th>
<th>Home:</th>
<th>Mobile:</th>
<th>Work:</th>
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Do you want someone to help you with your complaint?  
☐ No  ☐ Yes  
If yes, please tell us your Representative’s contact details:

<table>
<thead>
<tr>
<th>Representative’s name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street address or PO Box:</td>
</tr>
<tr>
<td>Suburb:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Email:</th>
</tr>
</thead>
</table>

Do you require help 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  ………………………………………...
Did your public education provider warn you under what circumstances your enrolment could be terminated / excluded? Yes ❑ No ❑

Were you informed of support services available to assist you? Yes ❑ No ❑
If Yes, how and when were you informed of the available support services? ____________________________________________________________

Did you contact any of your public education provider support services for advice or assistance? Yes ❑ No ❑

Did your public education provider refuse to process your appeal because it was not received in time? 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: ____________________________ 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? ❑ Male ❑ Female ❑ X (indeterminate/intersex/unspecified)

In which country were you born? ❑ Australia ❑ Other, please specify: ____________________________

Are you of Aboriginal or Torres Strait Islander origin? ❑ No ❑ Yes, Aboriginal ❑ Yes, Aboriginal and Torres Strait Islander ❑ 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:
❑ 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
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