



# Complaint Form

**Please use this form to make a complaint about a State Government department or agency or Local Government.**

*(See the About the Ombudsman Brochure for information on what you can and cannot complain about or go to 'Complaints' on our website at [www.ombudsman.wa.gov.au](http://www.ombudsman.wa.gov.au))*

<b>Your title (please circle one)</b>	Mr Mrs Ms Miss Dr Other: .....	
<b>Your family name</b>		
<b>Your given name/s</b>		
<b>Your address</b>	Street/Postal Address:	
	Suburb:	
	Postcode:	
<b>Your telephone number(s)</b>	(home)	
	(work)	
	(mobile)	
<b>Your email address</b>		
<b>Your date of birth</b>		
<b>In which country were you born?</b>		
<b>Are you of Aboriginal or Torres Strait Islander origin?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Do you have an ongoing disability?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Do you require assistance to access our services? If so, please explain: .....	
<b>What is the name of the State Government Department, Agency or Local Government you wish to complain about?</b>		



**When was the last time you wrote to or spoke to anyone from the department, agency or local government?**


**What happened on this occasion?**


**What do you think should be done to resolve the problem?**


**Signature:** ..... **Date:** .....

**Please return this form to:**

**Ombudsman Western Australia**  
By Post: PO Box Z5386 St Georges Terrace Perth WA 6831  
In Person: Level 12 St Martins Tower 44 St Georges Terrace Perth WA 6000  
Fax: 08 9325 1107  
Email: mail@ombudsman.wa.gov.au

For assistance, phone 08 9220 7555 or 1800 117 000 (toll free for country callers) or visit our website at [www.ombudsman.wa.gov.au](http://www.ombudsman.wa.gov.au).

