

Ombudsman Western Australia

Complaint Form

Revised
March 2022

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 or contact us on (08) 9220 7555 or 1800 117 000 (free from landlines) for assistance.

The information you provide will only be used for the purpose of assessing and investigating your complaint.

What State Government department or agency, local government or university are you complaining about?	
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Your contact details

Name	Title:	Given name/s:	Surname:
Pronouns	<input type="checkbox"/> he/him/his <input type="checkbox"/> she/her/hers <input type="checkbox"/> they/them/theirs <input type="checkbox"/> Prefer not to say		
Mailing address	Street or PO Box:		
	Suburb:		Postcode:
Telephone	Home:	Mobile:	Work:
Email			

Do you need someone to help you with your complaint?

Representation: Do you need someone to act for you?	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes If you are unable to act for yourself, please tell us your Representative's contact details:		
	Representative's name:		
	Pronouns: <input type="checkbox"/> he/him/his <input type="checkbox"/> she/her/hers <input type="checkbox"/> they/them/theirs <input type="checkbox"/> Prefer not to say		
	Telephone:	Email:	
Please provide reasons why you are unable to act for yourself below (or complete and attach the Reasons for Representation Form from our website)			

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 or interpreter?	<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.

Ombudsman Western Australia Complaint Form

Have you made a complaint to the agency you are complaining about?		<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what happened and when did you contact them?		
What do you think the agency should do to resolve the problem?		
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? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say	In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify:
Are you of Aboriginal or Torres Strait Islander origin?		
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander		
Do you speak a language other than English at home?		
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Indigenous Australian language <input type="checkbox"/> Yes, please specify:		
Do you have a disability that has lasted or is likely to last 6 months or more?		
<input type="checkbox"/> Yes <input type="checkbox"/> 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 health 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

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)



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