



Please use this form to make a complaint about an electricity, gas or water provider.

For information on what you can and cannot complain about go to 'Making a complaint' on our website at www.ombudsman.wa.gov.au/energyandwater or contact us on (08) 9220 7588 or 1800 754 004 (toll free from landlines) for assistance.

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

Your contact details	
Name	Title: _____ Given name/s: _____ Surname: _____
Mailing address	Street or PO Box: _____
	Suburb: _____ Postcode: _____
Telephone number(s)	Home: _____ Work: _____ Mobile: _____
Email address	_____
Do you want someone to help you with your complaint?	
Authority to Act: Do you authorise someone to represent you and communicate with us about your complaint?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Representative's name: _____
	Street address or PO Box: _____
	Suburb: _____ Postcode: _____
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 Energy and Water Ombudsman?	
<input type="checkbox"/> Referred by agency <input type="checkbox"/> Brochure <input type="checkbox"/> Community Group <input type="checkbox"/> TV <input type="checkbox"/> Member of Parliament <input type="checkbox"/> Friend/Relative <input type="checkbox"/> 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"/> Regional Visit <input type="checkbox"/> Internet Search <input type="checkbox"/> Newspaper 	
Your Energy or Water Account Details	
Name of Service Provider	_____
Account Number (if known)	Meter Number (if known): _____
Are the contact details for the account holder the same as the contact details above?	
No <input type="checkbox"/> Please complete the details below Yes <input type="checkbox"/> Please go to 'Tell us about your complaint' on the next page	
Name	Title: _____ Given name/s: _____ Surname: _____
Mailing address	Street or PO Box: _____
	Suburb: _____ Postcode: _____
Telephone number(s)	Home: _____ Work: _____ Mobile: _____
Email address	_____

