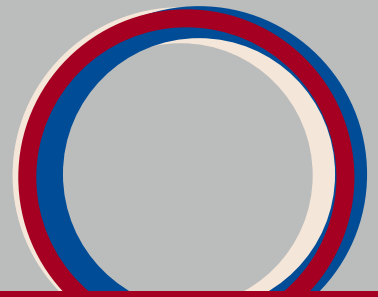


Complaint Form



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"/> Friend/Relative	<input type="checkbox"/> Website	<input type="checkbox"/> Phone Book	<input type="checkbox"/> Radio
<input type="checkbox"/> Legal/Other adviser	<input type="checkbox"/> Regional Visit	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Member of Parliament			
<input type="checkbox"/> Other, please specify:			
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			

TELL US ABOUT YOUR COMPLAINT

Explain what your complaint is about. It is important that you try to clearly identify the issues of your complaint. Please add extra pages if necessary and attach copies of relevant documents such as letters, reports, photographs etc.

What have you done to resolve the problem? (For example, have you spoken to someone at the service provider and if so, when and what did they say/do?)

What do you think should be done 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?	In which country were you born?
__/__/____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (indeterminate/intersex/unspecified)	<input type="checkbox"/> Australia <input type="checkbox"/> 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:
- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Sight | <input type="checkbox"/> Learning | <input type="checkbox"/> Long term medical, physical or mental 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 Energy and Water 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: energyandwater@ombudsman.wa.gov.au

For assistance, phone 08 9220 7588 or 1800 754 004 (free from landlines)



Interpreter Service 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/energyandwater