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 <u>www.ombudsman.wa.gov.au</u> 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?

Your contact details								
Name	Title: Given name/s: Surname:							
Mailing address		Street or PO Box:						
Manny address	Suburb:			Po	stcode:			
Telephone	Home:	Mc	bile:	Work:				
Email								
Do you need someone to help you with your complaint?								
Representation: Do you need someone to act for you?	 No Yes If you are unable to act for yourself, please tell us your Representative's contact details: Representative's name: 							
,	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 <u>website</u>)							
Do you require help to access our services?								
Do you have a disability that means you require assistance to access our services?		□ No □ Yes If yes, please tell us how we can assist you:						
Do you need a translator or interpreter?		□ No □ Yes If yes, please tell us what language you require:						
How did you find	out about the O	mbudsman?						
□ Friend/Relative □ Ombuds		man Website	❑ Community Group ❑ Phone Book ❑ Internet Search	□ TV □ Radio □ Newspaper	 Member of Parliament Other, please specify: 			
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 t If yes, what happened and wh	o the agency you are complainin nen did you contact them?	g ab	bout? 🗆 No 🕞 Yes					
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 a	dentify as? In which country were you born?						
	□ Male		Australia Other, please specify:					
//	□ Other							
Are you of Aboriginal or Torres Strait Islander origin?								
□ No □ Yes, Aboriginal □ Yes, Torres Strait Islander □ Yes, Aboriginal and Torres Strait Islander								
Do you speak a language oth	er than English at home?							
 No, English only Yes, Indigenous Australian language Yes, please specify: 								
Do you have a disability that	has lasted or is likely to last 6 m	onth	hs or more?					
Yes No								
If yes, please indicate what your di	•	 ,	Long term medical, physical or martel backthe are differen					
SightSpeech	LearningUse of hands/arms		Long term medical, physical or mental health condition Other, please specify:					
Hearing	Use of feet/legs		- ,11					
lease return this form to Om	budsman 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)

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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