

Please read our Information Sheet 'Complaints by overseas students' on our website at [www.ombudsman.wa.gov.au](http://www.ombudsman.wa.gov.au) before completing this form. The **Western Australian Ombudsman** deals with complaints about **Western Australian public education providers**. Complaints about **private education providers** should be made to the **Overseas Student Ombudsman** at [www.ombudsman.gov.au](http://www.ombudsman.gov.au).

You should complain to your public university, college, institute or school (**public education provider**) first. If you still believe a decision made or action taken by your public education provider is unfair or wrong, you can complain to the Ombudsman.

If you would like further information before making your complaint, you can contact us on (08) 9220 7555, 1800 117 000 (free from land lines) or through the Interpreter Service on 131 450.

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

<b>What public education provider are you complaining about?</b>	Name:	Campus:
	Course:	Student ID No.:

<b>Have you lodged an internal appeal with your public education provider?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, please contact your public education provider's international student advisor for help to lodge an internal review before you complain to the Ombudsman.	
If Yes, and you are still believe the decision was unfair or wrong, please tell us about your complaint on this form.	

Your contact details			
<b>Name</b>	Title:	Given name/s:	Surname:
<b>Pronouns</b>	<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		
<b>Mailing address</b>	Street or PO Box:		
	Suburb:		Postcode:
<b>Telephone</b>	Home:	Mobile:	Work:
<b>Email</b>			

Do you need someone to help you with your complaint?	
<b>Authority to Act:</b> Do you authorise someone to represent you and communicate with us about your complaint?	<input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, 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: _____

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 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	.....	

