

Ombudsman Western Australia Complaint Form

Have you made a complaint to the agency you are complaining about? No Yes
If yes, what happened and when did you contact them?

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What do you think the agency should do to resolve the problem?

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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"/> Non-binary <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify:

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 other 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 months or more?

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 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