

# Energy Ombudsman Western Australia

## Complaint Form

Revised  
August 2012

### Please use this form to make a complaint about an electricity or gas 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/energy](http://www.ombudsman.wa.gov.au/energy) or contact us on (08) 9220 7588 or 1800 754 004 (toll free for country callers) for assistance.

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

Your contact details			
<b>Name</b>	Title:	Given name/s:	Surname:
<b>Mailing address</b>	Street or PO Box:		
	Suburb:		Postcode:
<b>Telephone number(s)</b>	Home:	Work:	Mobile:
<b>Email address</b>			
Do you want 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?	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 Ombudsman?			
<input type="checkbox"/> Referred by agency	<input type="checkbox"/> Ombudsman Brochure	<input type="checkbox"/> Community Group	<input type="checkbox"/> TV
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Ombudsman Website	<input type="checkbox"/> Phone Book	<input type="checkbox"/> Radio
<input type="checkbox"/> Legal/Other adviser	<input type="checkbox"/> Ombudsman Regional Visit	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Member of Parliament			
<input type="checkbox"/> Other, please specify: .....			
Account details			
<b>Name of Energy Provider</b>			
<b>Account Number (if known)</b>	<b>Meter Number (if known):</b>		
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			
<b>Name</b>	Title:	Given name/s:	Surname:
<b>Mailing address</b>	Street or PO Box:		
	Suburb:		Postcode:
<b>Telephone number(s)</b>	Home:	Work:	Mobile:
<b>Email address</b>			

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## 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 energy 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?

\_\_/\_\_/\_\_\_\_

What is your gender?

☐ Male ☐ Female

In which country were you born?

☐ Australia ☐ 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:

What is the highest level of formal education you have completed?

☐ Primary School  
☐ Secondary school  
☐ Technical/trade certificate or diploma  
☐ University qualification

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
<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 Ombudsman Western Australia

**By Post:** PO Box Z5386 St Georges Terrace Perth WA 6831  
**In Person:** Level 2 Albert Facey House, 469 Wellington Street Perth WA 6000  
**Freefax:** 1800 611 279 or **Email:** mail@ombudsman.wa.gov.au

For assistance, phone 9220 7588 or 1800 754 004 (toll free for country callers)