

Energy Ombudsman Western Australia

Complaint Form



Please use this form to make a complaint about an electricity or gas provider. You may wish to complete and sign an Authority to Release Information (Form EO Form 3).

See the About the Energy Ombudsman Brochure for information on what you can and cannot complain about or go to 'Making a complaint' on our website at www.ombudsman.wa.gov.au/energy.

The information on this form is private and confidential, is intended only for the individual or entity named above and may be privileged. If you are not the intended recipient, any dissemination, copying or use of the information is strictly prohibited. If you should receive this form in error, please telephone the sender immediately.

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?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	How can we assist you?		
Do you need a translator?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	What language do you require?		
How did you find out about the Energy Ombudsman?			
<input type="checkbox"/> Brochure/Advert <input type="checkbox"/> Media Report <input type="checkbox"/> Legal or other adviser <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Agency informed complainant <input type="checkbox"/> Other:			
Account details			
Name of Energy 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			

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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. While we would appreciate your responses, you are not required to fill in this part of the form.

Which age group are you in?		In which country were you born?	Are you of Aboriginal or Torres Strait Islander origin?
Under 15 <input type="checkbox"/>	45-54 <input type="checkbox"/>	Australia <input type="checkbox"/>	Yes, Aboriginal <input type="checkbox"/>
15-24 <input type="checkbox"/>	55-64 <input type="checkbox"/>	Other, specify below <input type="checkbox"/>	Yes, Torres Strait Islander <input type="checkbox"/>
25-34 <input type="checkbox"/>	Over 64 <input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/>
35-44 <input type="checkbox"/>			No <input type="checkbox"/>
What is the primary language spoken at home?		What is the highest level of formal education you have completed?	
English <input type="checkbox"/>		Primary School <input type="checkbox"/>	
Indigenous Australian <input type="checkbox"/>		Secondary school <input type="checkbox"/>	
Other, specify below <input type="checkbox"/>		Technical/trade certificate or diploma <input type="checkbox"/>	
.....		University qualification <input type="checkbox"/>	
Do you have an ongoing disability?			
Yes, please indicate what your disability involves below:			No <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, specify below <input type="checkbox"/>	
Hearing <input type="checkbox"/>	Use of feet/legs <input type="checkbox"/>	

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)