



# Consumer complaint / Concern form

Please use this form to lodge a concern and/or complaint about a service delivered by Disability Services.

## Assistance:

You can get help to complete this form at any local Disability Services Office or you can contact the Disability Services Consumer Liaison Service on (08) 6167 8333, 1800 998 214 (Country free call) or at [clo@communities.wa.gov.au](mailto:clo@communities.wa.gov.au) for advice, information and with lodging a complaint or concern. You can access an interpreter by calling 133 677.

Please tick the relevant box below:

Concern

Complaint

| Your Details (person lodging the concern and/or complaint)  |  |
|---|--|
| Full Name:<br>(legal name)  | Click here to enter text.  |
| Address:  | Click here to enter text.  |
| Postcode:   | Click here to enter text.  |
| Contact details:  | Home:Click here to enter text.<br>Mobile:Click here to enter text.<br>Email:Click here to enter text.  |
| Do you identify as Aboriginal or Torres Strait Islander<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unsure | Are you from a culturally and linguistically diverse background?<br><input type="checkbox"/> Yes Specify the background: Click here to enter text.<br><input type="checkbox"/> No<br><input type="checkbox"/> Unsure |

| Consumer details if different to above |                           |
|--|---------------------------|
| Full Name:<br>(legal name)             | Click here to enter text. |
| Address:                               | Click here to enter text. |
| Postcode:                              | Click here to enter text. |



## Consumer complaint / Concern form

|                  |   |
|------------------|---|
| Contact details: | Home:Click here to enter text.<br>Mobile:Click here to enter text.<br>Email:Click here to enter text. |
|------------------|---|

### Complete this section if someone is assisting you with the concern and/or complaint, for example, a family member, carer, guardian, advocate or friend

|                             |  |
|-----------------------------|--|
| Name:                       | Click here to enter text.  |
| Relationship to you:        | Click here to enter text.  |
| Organisation if applicable: | Click here to enter text.  |
| Address:                    | Click here to enter text.  |
| Contact details:            | Home: Click here to enter text.<br>Mobile: Click here to enter text.<br>Email: Click here to enter text. |

Tell us what you are dissatisfied about and when it happened. If possible, provide us with the names of the people involved. Please attach copies of relevant documents such as letters, reports, photographs etc.

Click here to enter text.

### What steps have you taken to resolve the matter?

Click here to enter text.

### What outcomes are you seeking?

Click here to enter text.



## Consumer complaint / Concern form

|   |  |
|---|--|
| Signed by person lodging the complaint: |  |
| Date:                                   |  |

---

### Lodging this form:

|  |   |
|--|---|
| <b>In person:</b>                        | At the reception of any local Disability Services Office:<br><br>Addressed: Private and Confidential – Attention Executive Director of the relevant Directorate/Business Area         |
| <b>Via the Consumer Liaison Service:</b> | Disability Services<br>Consumer Liaison Service<br>Level 2, 146-160 Colin Street, West Perth<br>or<br>Email: <a href="mailto:clo@communities.wa.gov.au">clo@communities.wa.gov.au</a> |