



Please use this form to make a complaint about an electricity, gas or water provider.

For information on what you can and cannot complain about go to 'Making a complaint' on our website at www.energyandwater.ombudsman.wa.gov.au or contact us on (08) 9220 7588 or 1800 754 004 (free from landlines) for assistance.

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

Your contact details			
Name	Title:	Given name/s:	Surname:
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		
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:		
	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		
	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/interpreter?	<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 and Water Ombudsman?			
<input type="checkbox"/> Referred by agency	<input type="checkbox"/> Brochure	<input type="checkbox"/> Community Group	<input type="checkbox"/> TV
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Website	<input type="checkbox"/> Phone Book	<input type="checkbox"/> Radio
<input type="checkbox"/> Legal/Other adviser	<input type="checkbox"/> Regional Visit	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Newspaper
			<input type="checkbox"/> Member of Parliament
			<input type="checkbox"/> Other, please specify:
Your Energy or Water Account Details			
Name of Service 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			

