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| Date | / / |
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COMPLAINTS FEEDBACK FORM

To: FEEDBACK COORDINATOR
 Western Australian Electoral Commission
 Level 2, 111 St Georges Terrace
 PERTH WA 6000

Faxback number:
08 9226 0577

Phone: 13 63 06

| | | | |
|---------------------------------------|---|--|--|
| I wish to make a (please tick) | Complaint <input type="checkbox"/> | Suggestion <input type="checkbox"/> | Compliment <input type="checkbox"/> |
|---------------------------------------|---|--|--|

| | | | |
|------------------|---|-------------------------------------|------------------------------------|
| The issue | Has the issue been raised with WAEC previously? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|------------------|---|-------------------------------------|------------------------------------|

If the issue has been raised before, please detail when, who was spoken to, why there is still dissatisfaction and any reference numbers that may have been provided to you.

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| You may wish to attach any further relevant additional information on separate sheets. |
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| Resolution requested | What would the author like to see happen as a result of raising the issue: |
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|---------------------|--|---------------|--|
| Name | | | |
| Organisation | | | |
| Address | | | |
| Phone | | Mobile | |
| Fax | | Email | |

| | | | |
|----------------------|--|--|--|
| Other details | If you are representing someone we may need to confirm details of the feedback | | |
|----------------------|--|--|--|

| | | | |
|----------------|--|--------------|--|
| Name | | Phone | |
| Address | | | |

| | | |
|---|-------------------------------------|------------------------------------|
| Does the author agree to be identified to individuals involved? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|-------------------------------------|------------------------------------|

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| If the author is representing someone, please summarise why |
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| Office Use Only | | | | | |
|---------------------------|--|-----------------------------|--|----------------------------|--|
| Date received | | Date registered | | Registering officer | |
| Date response sent | | Coordinating officer | | Processing days | |
| File number | | Feedback number | | | |