



Name of area/staff member responsible (if known): _____

IF YOU ARE MAKING A COMPLAINT:

Date of Occurrence: _____ / _____ / _____

Have you previously contacted us about this issue? (please circle the correct response and provide details) **No/Yes**

What outcome are you seeking? _____

Do you need assistance? Do you have a disability, injury or language barrier that is likely to require alternative contact from this Department? (please circle the correct response)

Telephone Typewriter **No/Yes** Interpreter Service **No/Yes**

Department of Regional Development and Lands: Office Locations

If you are writing on someone else's behalf please fill in their details below:

Name: _____ File reference: _____

Address: _____ (if known) _____

Phone number: _____

Email: _____ Fax number: _____

Your relationship to complainant (e.g. mother, brother, friend) _____

Has the complainant given their permission for you to lodge this complaint on their behalf (please circle the correct response): **No/Yes**

Signature:

Date:



Government of **Western Australia**
Department of **Regional Development and Lands**

Metropolitan office locations

State Land Services
1Midland Square
MIDLAND WA 6936

Pastoral Business Unit
1Midland Square
MIDLAND WA 6936