



Complaint Form

Please use a pen and write clearly using BLOCK LETTERS and tick where required.
If you need help in completing this form please contact our Advice Line on 1300 30 40 54 between 8.30am - 5.00pm Monday to Friday (excluding public holidays) or visit the office nearest to you.

Complaint made by (your details)

Preferred title Mr Mrs Miss Ms Other

Family Name

Given Names

Address

 Postcode

Your telephone numbers

Home Area Code ()

Work Area Code ()

Mobile

Email

Who is the complaint against?

Name of Business

ACN/ABN

Contact Person

Business address

 Postcode

Phone No Area Code ()

Fax No Area Code ()

Email

Consumer Protection Division Department of Commerce

Ground Floor
"Forrest Centre"
219 St George's Terrace
Perth WA 6000

Postal Address
Locked Bag 14
Cloisters Square WA 6850

Email: consumer@commerce.wa.gov.au

General Advice Line 1300 30 40 54

8.30am to 5pm
Monday to Friday
(excluding public holidays)
at the cost of a local call

Regional Office Network 1300 30 40 54

8.30am to 5pm
Monday to Friday
(excluding public holidays)
at the cost of a local call

Albany
Unit 2, 129 Aberdeen Street
PO Box 832
Albany WA 6330

Broome
Woody's Arcade, 7 / 15 Dampier Terrace
Broome WA
PO Box 1449
Broome WA 6725

Bunbury
8th Floor, 61 Victoria Street
PO Box 1747
Bunbury WA 6230

Geraldton
Post Office Plaza
Shop 3, 50-52 Durlacher Street
PO Box 1447
Geraldton WA 6530

Kalgoorlie
Suite 4, 37 Brookman Street
Kalgoorlie WA 6430
PO Box 10154
Kalgoorlie WA 6430

Karratha
Unit 9
Karratha Village Shopping Centre
Sharpe Avenue
PO Box 5
Karratha WA 6174

TTY (for hearing impaired)
Tel: 08 9282 0800

Customer Feedback Line
1800 30 40 59

Web Site
www.commerce.wa.gov.au
wa.gov.au

For Office Use Only

Date Sent/...../.....

Area

Initials

What type of goods or services does your complaint relate to?

<input type="checkbox"/> Home building work	<input type="checkbox"/> Real Estate or Business Broking Transaction or Settlement	
<input type="checkbox"/> Personal or professional services (eg health club, cleaning service, travel, financial services or employment services)	<input type="checkbox"/> Other - Describe <input type="text"/>	
<input type="checkbox"/> Residential tenancy	<input type="checkbox"/> Used vehicle warranty	<input type="checkbox"/> Vehicle Repair & Service
<input type="checkbox"/> Retail goods	<input type="checkbox"/> Used vehicle contract	<input type="checkbox"/> Vehicle Parts or Accessories
<input type="checkbox"/> Retirement Village	<input type="checkbox"/> New vehicle warranty	<input type="checkbox"/> Caravan/Boat/Trailer
<input type="checkbox"/> Extended vehicle warranty	<input type="checkbox"/> New vehicle contract	
	<input type="checkbox"/> Consignment vehicle sale	

Are these services or goods used for personal or business use? Personal Business

Please complete only the section that best applies to your type of complaint:

- Section 1** - Retail Goods or Services (eg health clubs, travel services, furniture removals)
- Section 2** - Retirement Village
- Section 3** - Residential Tenancy
- Section 4** - Home Building Work
- Section 5** - Motor Vehicle Purchase/Warranty/Parts or Repairs
- Section 6** - Real Estate or Business Broking Transaction or Settlement

Section 1: Retail Goods or Services

Goods or service complained of

Date purchase or contract made / /

Date work completed or scheduled to be completed / / Goods received Yes No

Cost of goods or service \$

How much of the contract or purchase price has been paid? \$

Section 2: Retirement Village

Have you tried to resolve your complaint by writing to Village Management? Yes No

Does your complaint relate to

Dissatisfaction with the dispute resolution process or outcome Contract Services provided

Section 3: Residential Tenancy

Nature of dispute

Address of the rental property Postcode

Type of tenancy periodic lease agreement fixed-term lease agreement

Do you have a written tenancy agreement? Yes (please attach a copy) No

Date tenancy commenced / / Date tenancy ends or ended / /

Rent Payable \$ weekly fortnightly monthly Other

Original amount of bond paid \$ Amount of bond released \$

Section 4: Home Building Work

Building works, goods or service complained of

Date purchased or contract made

 / /

Written contract

Yes

No

Work commenced

 / /

Work completed

 / /

Cost of building works, additions, materials etc

 \$

How much of the contract or purchase price has been paid?

 \$

Section 5: Motor Vehicle Purchase/Warranty or Parts

Make

Model

Reg No

Year

Odometer reading (at time of sale/repair)

Current reading

Cash Price

 \$

Date of contract/repair/purchase

 / /

Delivery Date

 / /

Part/Accessory purchased

New

Used

Reconditioned

Warranty provided?

Yes

No

Have you paid the account?

In full

Partially

Not paid

Quoted cost of repair

 \$

Actual cost if greater than quote

 \$

Vehicle owner's name (if not you)

Has your vehicle been inspected by one of the following organisations? If so, please enclose a copy of their report.

RAC

SGIO

Mechanical Repairer

Other

Have you returned the vehicle to the dealer or trader for repair?

Yes

No

Section 6: Real Estate or Business Broking Transaction or Settlement

Lot Number

Street Number

Street Name

Suburb/Town

Postcode

Sale of Property

Residential

Commercial

Sale of Business

Sale of vacant Land

Property Management

Residential

Commercial

Strata Title

Declaration

I have approached the Trader to try to resolve this matter.

I also agree that, where my complaint has, or may have, national or global implications, information about the complaint, without my name and other identifying details about me, can be provided to the Australian national information network to complement information about similar types of complaint. Information about the national network can be found here: <http://www.consumer.gov.au/html/protection.htm>

I understand that an investigation is subject to the approval of the Commissioner for Consumer Protection. I declare that the information supplied by me is, to the best of my knowledge, true and correct. I agree that my name and the information I have provided may, if necessary, be revealed in correspondence or investigations concerning my complaint.

Signature

Date

Printed Name

Do you have a disability or injury that is likely to require an alternative method to contact this Department, for example Telephone Typewriter? No Yes – Assistance required

Do you require an Interpreter Service? No Yes – Language required

What happens next?

- Within 4 working days of us receiving this form you will receive acknowledgement of your complaint, which will give you a reference number to quote when contacting us as well as a contact person's name and telephone number.
- Conciliation can be resolved in a matter of days, or may take a few weeks. The length of time it takes to reach an outcome depends on the complexity of the issue, the willingness of the trader to cooperate or other issues. We will attempt to resolve your issue as quickly as possible.
- If conciliation fails, or doesn't satisfy your demands you can choose to take the matter to a Court, or Tribunal. Taking your matter to court is not automatically expensive or time-consuming.
- We would appreciate feedback on any aspect of our service by you contacting our Consumer Feedback Line on 1800 30 40 59.

Privacy Statement

Your contact details will be recorded. The Department may use or disclose your contact details:

- for the purpose of customer satisfaction and service delivery surveys;
- with your consent; and
- in other circumstances where such use or disclosure is required or permitted by law.

The Department may share your contact details with an external marketing research agency.

You may be contacted in the future either by the Department or an appointed external marketing research agency for the purpose of customer satisfaction and service delivery surveys. This initiative has been established to help ensure that the Department continues to provide a high level of service to the members of the Western Australian community.

If you do **not** consent to the provision of your contact details to an appointed external marketing research agency for the purpose of customer satisfaction and service delivery survey, please tick the adjacent box.

You may (subject to permitted exceptions) access your personal information by contacting the Department on 1300 30 40 54.

Please check that you have attached copies of any relevant documents before posting.