

Feedback form

Use this form to make a compliment, suggestion or complaint. Email the completed form to info@dtf.wa.gov.au

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Your detai	ls					
Title:	First name:	Last name:				
Organisation	:					
Address:						
Email:						
Phone:		Mobile:				
Preferred cor	ntact method:	□ Email □ Phone □ Mobile				
Are you the p	erson affected b	y the issue? □ Yes □ No				
If No, we may	need to confirm y	our authority to act for the person you are representing.				
Details of pe	erson you are re	presenting				
Title:	First name:	Last name:				
Address:						
Addi 000.						
Email:						
Email: Phone:		Mobile:				
Email: Phone:	representing this					
Email: Phone:	representing this					
Email: Phone: Why are you The issue	representing this	person:				
Email: Phone: Why are you The issue Contact reaso	on: □ Complim	person:				
Email: Phone: Why are you The issue Contact reaso	on: □ Complim	ent Complaint Suggestion				
Email: Phone: Why are you The issue Contact rease What part of the issury	on: □ Complimathe organisation	ent Complaint Suggestion				

The details							
Have you raised this issue before?	□ Yes	□ No					
Please detail the issue, when it occurred and who was involved.							
What a clution are you applying?							
What solution are you seeking?							
Are you prepared to be identified to	the individ	duals involved?	☐ Yes	□ No			
. you proposed to so so somewhat							