Customer First Feedback Form

Please use this form to provide feedback or a complaint about any issue relating to your dealings with WorkCover WA

Return to**: WorkCover WA**
***Customer First* Feedback Officer**
2 Bedbrook Place
SHENTON PARK WA 6008
Tel: 08 9388 5555
1300 794 744

Please nominate type of feedback:	**COMPLIMENT ☐/**	**SUGGESTION ☐/**	**COMPLAINT ☐**
NAME:			
ADDRESS:			
ORGANISATION:			
Phone	**Mobile**	**Fax**	**E-mail**
Does you wish to be identified to the people involved?	**YES ☐**	**NO ☐**	
If you are not the person affected by the issue please provide a brief explanation of your relationship to the person who is affected:			
Please provide contact details for the person affected by the issue in case we need to confirm details of the feedback:			
The Issue: Has this issue been raised with WorkCover WA before?	**YES ☐**	**NO ☐**	
If the issue has been raised before please indicate when, who you dealt with about it, and why you wish to raise it again. If it hasn't been raised before please tell us what has happened, when and where it happened and who was involved:			
You may wish to attach any additional information or separate papers relevant to this complaint.			
What would you like to see happen as a result of raising this issue?			

Office Use Only	Registering Officer: ……	Received Date: ……
FACS Number: ……	Date: ……	