

COMPLAINT FORM

Your Details

Surname:

First Name:

Title:

Address:

Postcode:

Home Telephone:

Business Telephone:

Facsimile Number:

Your Email:

Gender: male female

Date of Complaint:

Details of the Complaint

Which Agency/Organisation/Person are you making a complaint about?

Summarise the decision or conduct about which you wish to make a complaint?

On what date did this occur?

What action have you taken to resolve this matter?

What results are you seeking?

What relevant documentation do you have?

Claim No. (if relevant)

Once completed please post to:

WorkCover Ombudsman
GPO Box 1719
Adelaide SA 5000

Or
Email to: owo@sa.gov.au

Or
Fax to:
08 8204 2169
