

## 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?

2.

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?

***Once completed please:***

***Post to:***

WorkCover Ombudsman  
GPO Box 2343  
ADELAIDE SA 5000

**E-mail to:** [owo@saugov.sa.gov.au](mailto:owo@saugov.sa.gov.au)

**Fax to:** 08 820 42169

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