



**When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE**

## INFORMATION

The Department of Transport (DoT) welcomes your feedback to assist us in delivering excellent service.

To have your say, you can complete an online feedback form on the DoT website. Alternatively, complete this form and submit via:

Email: [info@transport.wa.gov.au](mailto:info@transport.wa.gov.au)

Fax: (08) 6551 6942

Post: The Customer Feedback Coordinator

Department of Transport

GPO Box C102

Perth WA 6839

In Person: at a Driver and Vehicle Services centre, Regional DoT office or agent (list of locations available on the DoT website).

If you have a hearing or speech impairment, contact the National Relay Service on 13 36 77 and ask to be connected to DoT on 13 11 56. This service is available Monday to Friday between 8am and 5pm.

If you require assistance or an interpreter, phone 13 11 56.

DoT is committed to an accessible, fair and equitable feedback process and to improve processes and services to provide a positive customer experience. To find out more refer to our [Customer Feedback Management Policy](#).

## CLIENT DETAILS

Complete the details below. Fields marked \* must be completed.

NAME\*

ORGANISATION

PHONE NUMBER\*

ADDRESS\*

  


SUBURB

STATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	POST CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EMAIL ADDRESS

DRIVER'S LICENCE NUMBER

PLATE NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NATIONAL RELAY SERVICE REQUIRED?  YES  NO

INTERPRETER SERVICE REQUIRED?  YES  NO

Preferred contact:

EMAIL

PHONE

MAIL

## SUBMITTING ON SOMEONE'S BEHALF

If you are submitting this form on someone else's behalf complete the details below. Fields marked \* must be completed.

NAME\*

PHONE NUMBER\*

ADDRESS\*

  


SUBURB

STATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	POST CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EMAIL ADDRESS

NATIONAL RELAY SERVICE REQUIRED?  YES  NO

INTERPRETER SERVICE REQUIRED?  YES  NO

Your relationship to the person you are writing on behalf of (eg parent, spouse or friend)?

Has the customer authorised you to submit this feedback on their behalf?  YES  NO

## ENQUIRY TYPE

COMPLIMENT

COMPLAINT

GENERAL FEEDBACK

Have you Provided DoT with this enquiry previously?

YES  NO

If yes, please list the reference number:

**SUMMARY OF FEEDBACK**

Briefly outline your feedback below and provide copies of any relevant documentation.

DATE OF OCCURRENCE

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NAME OF STAFF MEMBERS INVOLVED (IF APPLICABLE/KNOWN)

**OUTCOME REQUESTED**

SIGNATURE

DATE

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