



## Complaints Record Form

*All information given on this form will be treated confidentially.*

<b>YOUR DETAILS</b>				
Name				
Address				
Telephone Number	Hm	Wk		
Email				
Was an interpreter used? Yes / No			Any special circumstances, eg vision impaired? Yes / No	
<b>WHO YOU ARE WRITING ABOUT</b>				
Organisation/Division <i>(put 'X' in appropriate box)</i>	Culture and the Arts (WA)		Corporate Affairs	
	Art Gallery of Western Australia		Director General	
	Perth Theatre Trust		Finance	
	State Library of Western Australia		Human Resources	
	State Records Office		Information Services	
	Western Australian Museum		Organisational Performance	
			Property Development and Management	
Name of Employee <i>(if applicable)</i>		Do you wish to remain anonymous to this person?		Yes    No
<b>WHAT YOU ARE WRITING ABOUT</b>				
Subject of Complaint	Please state subject matter event, exhibition, location, person, as appropriate to clearly identify issue:			
Summary of Complaint <i>(What happened? Who was involved? When and where did it happen?)</i>				
What steps have you taken to raise the issue? <i>(e.g. verbal or written complaint)</i>				
How would you like the issue to be resolved?				

***Thank you for your information.***

***You can expect an initial response from us within five days and a full response within 30 days.***

<b>Office use only</b>			
Receiving Officer		Culture Arts/Portfolio Organisation	
Complaints Co-ordinator		Date received	
Acknowledgement sent (date)		Passed to	
Final response sent (date)		File ref <i>(attach details of action taken)</i>	