



## Complaints Form

---

I want to lodge a complaint against OCCUHEALTH –

Date: \_\_\_\_\_

My details are:

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Office of Complaint:

OCCUHEALTH  
57 Sutton Street  
MANDURAH WA 6210

OR

OCCUHEALTH  
27/12 Cowcher Place  
BELMONT WA 6104

---

### My Complaint is:

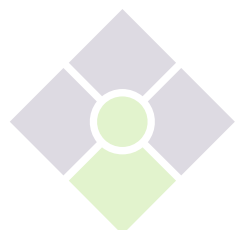
Please provide details of your complaint. Include what happened, when it happened and who was involved. Attach any documents you may wish to lodge with this form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**As a result of my complaint I would like:-**

---



---



---



---

If you are not satisfied with the OCCUHEALTH outcome and would like to take this matter further you can contact the Ombudsman Western Australia at [www.ombudsman.wa.gov.au](http://www.ombudsman.wa.gov.au) or phone 1800 117 000.

Office Use only:							
Date Complaint Received:			By:	Email		Phone	Letter
Acknowledgement form Sent:		By:			Date:		
Complaint officer:							
Correspondence:							
Date:	Time	Notes					
Resolution:							

*Once printed this document is uncontrolled and should be checked against the electronic version for validity.*