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KUNUNURRA

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8.00am - 4.00pm MON - FRI

Complaints Form

Please provide as much detail as possible to allow a thorough investigation to be conducted, including any relevant witness contact details.

All personal details will remain confidential. A SWEK Officer may need to contact you to confirm details of your complaint. You will be advised of the outcome of your complaint soon as possible.

1. COMPLAINANT

Personal Details			
Name:			
Email:			
Phone Number:			
Postal Address:			
Residential Address:			
Preferred Method of Contact	Phone	Email	Post

2. DETAILS

Details			
Date:		Time:	
Please describe your complaint:			

Signature: Date:

OFFICE USE ONLY

Received Date:	Synergy Reference:	Responded Date:	Synergy Reference:
Officer Name:	Officer Name:		
Officer Signature:	Officer Signature:		