



**Department for Culture and the Arts**  
State Records Office of Western Australia

Complaints Form

Complaint Details:

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*Optional information*  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Taken by: \_\_\_\_\_

**Office Use Only:**

<p><b><u>Complaints Officer</u></b></p> <p>CIU registration: _____</p> <p>Complaints register Number: _____</p> <p>Investigating Officer Assigned:</p> <p>Date:</p>
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<p><b><u>Investigating Officer</u></b></p> <p>Complaint details checked. Complaint confirmed?      Yes/ No</p>
<p>Circumstances of complaint:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Or <b><u>See attached report.</u></b></p>
<p>Manager/ Director informed of result and SRO action determined:</p> <p>Date:</p>
<p>Feedback provided to Complainant – Date:</p> <p>By: Telephone                      email                      letter                      meeting</p>
<p>Complaint further referred:</p> <p>Date:    Officer:</p>