



<b>Date</b>	/	/	
-------------	---	---	--

# FEEDBACK FORM

**To: FEEDBACK COORDINATOR**  
Office of the Electoral Distribution Commissioners  
Level 11, 111 St Georges Terrace  
PERTH WA 6000

Faxback number:  
**(08) 9214 0455**

Phone: (08) 9214 0450

<b>I wish to make a (please tick)</b>	<b>Complaint</b> <input type="checkbox"/>	<b>Suggestion</b> <input type="checkbox"/>	<b>Compliment</b> <input type="checkbox"/>
---------------------------------------	---	--	--

<b>The issue</b>	Has the issue been raised with OEDC previously?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
------------------	---	------------------------------	-----------------------------

If the issue has been raised before, please detail when, who was spoken to, why there is still dissatisfaction and any reference numbers that may have been provided to you.

--	--	--	--

You may wish to attach any further relevant additional information on separate sheets.

<b>Resolution requested</b>	What would the author like to see happen as a result of raising the issue:
-----------------------------	--

--	--

<b>Name</b>			
<b>Organisation</b>			
<b>Address</b>			
<b>Phone</b>		<b>Mobile</b>	
<b>Fax</b>		<b>Email</b>	

<b>Other details</b>	If you are representing someone we may need to confirm details of the feedback
----------------------	--

<b>Name</b>		<b>Phone</b>	
<b>Address</b>			

Does the author agree to be identified to individuals involved?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---	------------------------------	-----------------------------

If the author is representing someone, please summarise why

Office Use Only				
Date received		Date registered		Registering officer
Date response sent		Coordinating officer		Processing days
File number		Feedback number		