



When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE

INFORMATION

The Department of Transport and Major Infrastructure (DTMI) welcomes your feedback to assist us in delivering excellent service.

To have your say, you can complete an online feedback form on the DTMI website. Alternatively, complete this form and submit via:

Email: info@transport.wa.gov.au

Fax: (08) 6551 6942

Post: The Customer Feedback Coordinator

Department of Transport and Major Infrastructure

GPO Box C102

Perth WA 6839

In Person: at a Driver and Vehicle Services centre, Regional DTMI office or agent (list of locations available on the DTMI website).

If you have a hearing or speech impairment, contact the National Relay Service on 13 36 77 and ask to be connected to DTMI on 13 11 56. This service is available Monday to Friday between 8am and 5pm.

If you require assistance or an interpreter, phone 13 11 56.

DTMI is committed to an accessible, fair and equitable feedback process and to improve processes and services to provide a positive customer experience. To find out more refer to our [Customer Feedback Management Policy](#).

CLIENT DETAILS

Complete the details below. Fields marked * must be completed.

NAME*

ORGANISATION

PHONE NUMBER*

ADDRESS*

SUBURB

STATE

EMAIL ADDRESS

DRIVER'S LICENCE NUMBER

PLATE NUMBER

NATIONAL RELAY SERVICE REQUIRED? ☐ YES ☐ NO

INTERPRETER SERVICE REQUIRED? ☐ YES ☐ NO

Preferred contact:

☐ EMAIL

☐ PHONE

☐ MAIL

SUBMITTING ON SOMEONE'S BEHALF

If you are submitting this form on someone else's behalf complete the details below. Fields marked * must be completed.

NAME*

PHONE NUMBER*

ADDRESS*

SUBURB

STATE

EMAIL ADDRESS

NATIONAL RELAY SERVICE REQUIRED? ☐ YES ☐ NO

INTERPRETER SERVICE REQUIRED? ☐ YES ☐ NO

Your relationship to the person you are writing on behalf of (eg parent, spouse or friend)?

Has the customer authorised you to submit this feedback on their behalf? ☐ YES ☐ NO

ENQUIRY TYPE

☐ COMPLIMENT

☐ COMPLAINT

☐ GENERAL FEEDBACK

Have you Provided DTMI with this enquiry previously?

☐ YES ☐ NO

If yes, please list the reference number:

SUMMARY OF FEEDBACK

Briefly outline your feedback below and provide copies of any relevant documentation.

DATE OF OCCURRENCE

NAME OF STAFF MEMBERS INVOLVED (IF APPLICABLE/KNOWN)

OUTCOME REQUESTED

SIGNATURE

DATE