



Feedback and Complaints Form

Information about how we manage client feedback and complaints and the TRBWA Feedback and Complaints Policy can be obtained from our website trb.wa.gov.au/Further-Information/Complaints-and-Feedback.

Once completed this form can be returned to us:

By Post

Teacher Registration Board of Western Australia PO Box 3009 EAST PERTH WA 6892

By Email: feedback@trb.education.wa.edu.au

□Mr

□Mrs □Ms

In-person

151 Royal Street EAST PERTH WA 6004

Office hours Mon to Fri: 8:30am – 4:30pm

By Fax: (08) 9223 9150

Your details

Title (please tick) □Dr

Please print clearly. You can provide feedback anonymously, but we will not be able to provide a response.

☐Miss Other

Surname		
Given Name(s)		
Postal address (No/Street)		
Suburb State	Postcode	
Telephone	Mobile	
Email		
Registration No. (if applicable)		
If you are writing on someone else's behalf please fill in their details below:		
Title (please tick) □Dr □Mr □Mrs □Ms □Mis	ss Other	
Title (please tick) Dr Mr Mrs Ms Mis	ss Other	
,	ss Other	
Surname	ss Other	
Surname Given Name(s)	Postcode	
Surname Given Name(s) Postal address (No/Street)		

□ I do not require a response

Not all client feedback which the TRBWA receives will require a formal response. Depending on the nature of your feedback, we may simply acknowledge your feedback and ensure that client feedback overall informs our continuous improvement processes. If your feedback is a complaint we will also seek to respond to your complaint unless you indicate that you do not wish to receive a response.

Has the complainant given their permission for you to lodge the complaint on their behalf? ☐Yes ☐No

Your feedback

ch additional pages if necessary, includir	ng copies only of any relevant documents you wish to provide.
se describe any previous contact you ha	ave had with the TRBWA about your feedback (if applicable)
t would you like to happen as a result o	of your feedback?
t troute you me to happen as a result of	
ır signature	
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