



Department of Biodiversity,
Conservation and Attractions

*We're working for
Western Australia.*

COMPLAINT LODGEMENT FORM

Post, Visit or Contact: your local metropolitan or country office

Your Contact Details

First Name: _____

Email: _____

Contact Number: _____

Are you under 18 years of age? ☐ Yes ☐ No

If yes, please specify age group: ☐ 0-5 years ☐ 6-11 years ☐ 12-17 years

Please tick "Guardian" and enter contact details of a legal guardian or person acting on your behalf (if applicable).

☐ Guardian

Guardian Details

Name: _____

Email: _____

Phone: _____

Address: _____

Description of Complaint

Type of Complaint:

☐ Customer Service or Process

☐ DBCA Officer or Volunteer

☐ Infrastructure

☐ Fire Management

☐ Other

Date of Incident: _____

Place of Occurrence: _____

Complaint Description:

Attachments

Please feel free to attach further details to this complaint lodgement form.

Appeal Against Previous DBCA Decision

Are you appealing against a previous complaint outcome? If yes, please provide details (if known).

Previous Complaint Details:

Complaint Number: _____

DBCA Officer: _____

Previous Complaint Date: _____

Previous Complaint Outcome:
