



Using this form

Use this form to submit an online **complaint**, **compliment** or **suggestion** to us about our programs, staff or services. This includes services delivered on our behalf by providers and contractors. This form is an alternative option to calling, emailing or writing to us. However, if you wish to print this form and complete it by hand, post it to:

**Department of Veterans' Affairs
Feedback Management Team,
GPO Box 9998
SYDNEY NSW 2001**

General enquiries

Please email **General Enquiries** to GeneralEnquiries@dva.gov.au or call 1800 555 254.

WCSS

Please email feedback for the **Veterans & Veterans Families Counselling Service (WCSS)** to WCSSfeedback@dva.gov.au or call 1800 011 046 (after hours this will connect you with *Veterans Line*).

Fraud

Please email **fraud allegations** to: fraudallegation@dva.gov.au or call 1800 555 254.

Privacy

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information.](#)

Your Details

1. Do you wish to remain anonymous? No Yes Please go to **Question 8**
2. Name
3. DVA File number (if applicable)
4. Contact phone number
5. Email address
6. Postal address
 POSTCODE
7. Preferred method of contact Phone Email Post I do not wish to be contacted

Helping a DVA Client

8. Are you providing feedback on behalf of a DVA client? No Yes Client's name
Client's DVA File Number (if known)

NOTE: We can accept a complaint from a third party (e.g. a family member or ex-service representative). However, personal information cannot be disclosed to anyone without the client's permission unless a relevant Power of Attorney or Guardianship order is in place and advise to DVA.

Feedback Details

9. This is a:

- Compliment
- Suggestion
- Complaint - Have you previously contacted us to try to resolve this issue?
No
- Yes Date(s) of contact

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Name(s) of staff you have been in contact with

10. Subject

Describe what the feedback is about

11. State feedback relates to
(if known):

- ACT/NSW NT QLD SA
- TAS VIC WA

12. Provider/contractor details
(if applicable)

13. Outcome

How would you like the matter to be resolved?



Please attach any relevant documentation to the email that is generated. Documents cannot be attached directly to this form.

Further information about our Feedback Policy, including timeframes for complaints resolution and how we investigate complaints, is available [here](#).