

To request this document in an alternative format such as Braille, call us on 13 43 72 or use our Live chat service at [gesb.wa.gov.au](https://gesb.wa.gov.au).

Use this form to submit a complaint to us. Please complete all sections and provide as much detail as possible. This will help us to investigate and respond to your concerns in a timely manner. We will contact you to acknowledge your complaint and keep you informed of our progress.

## Section 1 Your details

\* Required fields

First name\*

Last name\*

Email address\*

Daytime phone number\*

Organisation

You are:

- A current or former GESB member – go to *Section 3*     A person with an interest in a decision from GESB – go to *Section 3*  
 An employer – go to *Section 3*     Acting on behalf of a person with a complaint (e.g. financial adviser, lawyer, family member) – please complete *Section 2* below

GESB Member number

Full name as on your GESB account

## Section 2 Details of the person you are representing

If you are acting on behalf of a person with a complaint, please provide their details below. Note, if you are making a complaint on a member's behalf and you are not an authorised third party, we will contact the member regarding your complaint.

\* Required fields

First name\*

Last name\*

Email address\*

Daytime phone number\*

GESB Member number

Full name as on your GESB account

### Section 3 Complaint details

Your complaint relates to:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Your super account                     | <input type="checkbox"/> Insurance claim     | <input type="checkbox"/> GESB's service |
| <input type="checkbox"/> Accessing super/early release of super | <input type="checkbox"/> Insurance cover     | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Beneficiaries                          | <input type="checkbox"/> Your online account |   |
| <input type="checkbox"/> Contributions                          | <input type="checkbox"/> GESB's website      |   |

Please provide a summary of your complaint

If you need more space, you can attach a separate page to this form.

What outcome are you looking for as a result of your complaint?

### Section 4 Post or email your form to us

Please complete this form and email it to [memberservices@gesb.com.au](mailto:memberservices@gesb.com.au) or post it to the address below:

#### Member Services – Feedback

**GESB**

**PO Box J 755**

**Perth WA 6842**

GESB is committed to protecting your personal information in accordance with privacy laws. The information you provide on this form is collected and used in line with our Privacy Statement, which explains how we handle your information, how you can access or correct it, and our complaints process. Read our Privacy Statement at [gesb.wa.gov.au/privacy](http://gesb.wa.gov.au/privacy) or contact Member Services on 13 43 72.

#### How to contact us

**T** Member Services Centre 13 43 72

**F** 1800 300 067

**W** [gesb.wa.gov.au](http://gesb.wa.gov.au)

PO Box J 755, Perth WA 6842