



APPENDIX 1

DISABILITY ACCESS FEEDBACK FORM

We welcome your feedback at any time. Your feedback will be treated as strictly confidential. To help us analyse your comments, please tick which category best describes your interest.

Member of the public with a disability	<input type="checkbox"/>	DotAG employee	<input type="checkbox"/>
Carer	<input type="checkbox"/>	DotAG contractor	<input type="checkbox"/>
Disability Service Provider	<input type="checkbox"/>	DotAG service provider	<input type="checkbox"/>
Interested member of the public	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

Have you experienced any barriers to access that we have not identified?
Please tell us about the situation and the reason for difficulty.

Is there an initiative you would like to compliment us on? What is it and why do you think it is a good initiative?

Do you have any other comments or suggestions on how to improve access to our services, information or facilities?

Please return this form to:
Customer Feedback Officer
Corporate Services Executive
Department of the Attorney General
GPO Box F317, Perth, WA 6841