

## **PWD Online advocacy form**

What is your name

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Address \_\_\_\_\_

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Telephone \_\_\_\_\_

Email: \_\_\_\_\_

What is the issue or problem you are concerned about? \_\_\_\_\_

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Have you already raised the issue with someone? \_\_\_\_\_

Who (i.e, Govt agencies or other body)? \_\_\_\_\_

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What is the action you would like to see or the policy that you want to be changed? \_\_\_\_\_

Who should be the person or body to make the change or fix the problem?

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What would you like PWD to do?

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Can we mention that you have raised this issue with us? \_\_\_\_\_

Thanks for raising this with us. We will look at the issue you have raised and let you know what action we propose to take.