



## Feedback, Compliments and Complaints Form

This form is to assist you in making a complaint to our organisation.

All persons wishing to make a complaint can speak with the Manager or staff member of choice or choose to complete this form.

All information is strictly confidential.

If you feel unsure about anything or would like help to complete this form, please speak to the admin person

We encourage you to make your complaint in writing. Please allow a maximum of ten (10) days for a response.

Please attach copies (not the original) of any documents that may help us to handle the complaint.

If you still wish to raise this complaint about us to the NDIS commission, please contact 1800 035 544

Source

Employee

Participant

Advocate/ Family / Other

Part A:

Date:

Time:

Given Name/s:

Surname:

Telephone (Mobile):

Telephone (Work):

Is there someone else (legal representative or support person) that you would like involved in making this complaint?

Yes

No

If yes, please specify:

Part B: Fill in if you are completing this form on behalf of someone else.

Given Name/s:

Surname:

Relationship to Participant/ Employee:

Telephone (Mobile):

Telephone (Work):

Does the person know you are making this complaint?

Yes

No

Does the person consent to the complaint being made?

Yes

No

Part C: What is your complaint about? (Provide some details to help us understand your concerns. You can include what happened, where it happened and who was involved)

Did someone witness the incident? Would they be willing to be contacted regarding your complaint? If so, provide the name and contact details. (Inform the witness that they may be contacted by the organisation to discuss the matter).

How can we help to fix this problem or complaint?

Signature:

Date:

Please return this form via:

Email: [grant@meandmysupport.com.au](mailto:grant@meandmysupport.com.au)

Call: 0421 836 421

Office Use Only

Date of Receipt:

Method of Receipt:

Is this feedback, compliment, or complaint confidential?

Yes

No

First Name:

Last Name:

Position:

Department:

Signature:

Date Signed: