

Complaints, Concerns and Compliments Form

Part A (to be completed by person lodging form):

Date:

Name of person lodging form:

Address of person lodging form:

Address second line (optional):

Contact number/s of person lodging form:

Name of person(s) involved with complaint, concern or feedback:

Name of person who the form is to be submitted to (if known):

Is this application regarding a:

Complaint	Yes		No	
Concern	Yes		No	
Feedback	Yes		No	
Harassment and/or Bullying	Yes		No	
Assault, Neglect and/or Abuse?	Yes		No	
Criminal action	Yes		No	
Other:	Yes		No	

Describe complaint, concern or feedback:

Outline your attempt(s) to resolve the matter:

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What is required to resolve the matter to your satisfaction:

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Part B - Office use only

Date received:

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Received by:

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General Manager notified:

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Date feedback acknowledged in writing:

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Investigation by management member (attach additional file notes if required):

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Outcome of investigation (attach additional file notes if required):

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Recommended Course of Action (attach additional file notes if required):

Approved Course of Action (attach additional file notes if required):

Further Action Required? Yes / No (if yes attach file note with details)

Outcome of investigation forwarded to General Manager

Date:

Complaint, concern or feedback forwarded to NDIS Quality and Safeguards Commission

Date:

Other named parties informed of outcomes of complaint, concern or feedback

Date:

Was an advocate or representative present during the formalising of this complaint, concern or feedback? Yes | No If Yes, please provide name and contact details of the advocate.

Name:

Signature:

Date complaint, concern or feedback closed:

Date complaint, concern or feedback resolution outcome was provided in writing:

Last Reviewed 18 May 2023