

Date Completed:

Date Received:

Date Resolved:

## Complaint received by:

Name:

Position:

## Participant

Name:

NDIS Number:

Address:

Telephone:

Mobile:

Email:

Preferred method of contact: Email

Telephone

Mobile

Mail

## Complainant | Please complete if you are not the participant

Name:

Relationship:

Organisation (if applicable):

Address:

Telephone:

Mobile:

Email:

Preferred method of contact: Email

Telephone

Mobile

Mail

Is the participant aware of this complaint? Y  N  If yes, does the participant consent to this complaint being made? Y  N

## Representative | Please complete if you are assisting the participant with their complaint

Name:

Relationship:

Organisation (if applicable):

Address:

Telephone:

Mobile:

Email:

Preferred method of contact: Email

Telephone

Mobile

Mail

## What is the complaint about?

Product  Service  Staff  Name:

Position:

## Complaint Details | Provide details of the series of events leading to the complaint

What is considered appropriate resolution by the person making the complaint?

What actions have been proposed; or if resolved, how was it resolved?