

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: _____ Company (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: _____ Company (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 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?

Complaints are treated confidentially. We will not retaliate or disadvantage complainants. If required, we will help you escalate to the NDIS Quality & Safeguards Commission.

We'll acknowledge within 2 business days, aim to resolve within 20 business days, and notify the NDIS Commission of any reportable incident.

Want to escalate this complaint? Visit [ndiscommission.gov.au/complaints](https://www.ndiscommission.gov.au/complaints) Call: 1800 035 544 Mail: NDIS Quality and Safeguards Commission PO Box 210 Penrith NSW 2751