



COMPLAINT FORM

Please complete all parts of the form in FULL.

Part A – About me

Full Name:

NDIS Number (if available):

Part B- About the complainant (if different to above). Please only complete one box (tick)

Fill in this box if you are complaining on behalf of someone else

Name of Person:

What is your relationship to that person?

Does the person know you are making this complaint?

Does the person consent to the complaint being made?

Fill in this box if someone is assisting you with the complaint – for example a family member, your nominee or representative.

Name of representative:

Organisation:

Postal Address:

Contact Number (Phone):

Email:

My preferred contact is:

Part C – Your complaint

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, or the decision made by the Agency that you are unhappy about.

Part D – Who is your complaint about?

DADAA and/or Name of the Staff/Volunteer/Contractor about whom you are complaining

Name of Staff/Volunteer/Contractor

DADAA

What is this person's/organisation's relationship to you?

What outcomes are you seeking?

Have you made a complaint about this to another agency? (For example: a disability service or equal opportunity agency, Health Care Complaints Commission, Ombudsman.)

If so, please provide details of the agency to which you made your complaint and any outcome. Please also attach copies of any letters you have received from that agency.

For Office Use Only

Action taken:

Action Taken By:

Date Action Taken:

Feedback to complainant:

Action Taken By:

Date Action Taken:

Complaint Closed By:

Signed by Manager:

Date Action Taken:

Entered into SMS by:

Date Entered:

(Complaint must be closed by relevant Manager)