

Feedback and Complaints Management Form

Register No (office use):

Dear Participant:

We appreciate your input to further assist us in improving our service quality. Please use **section 1** of this form to reflect any **feedback** in relation to your experience with our service.

Please complete **section 2** of the following form in the unfortunate event of any **complaint**. A formal investigation will commence once we receive the completed form. If you require assistance in the completion of this form, please contact us with provided details.

Please send the completed form to:

admin@achievedisabilityservices.com and/ or by contacting the person responsible by their relevant telephone / mobile number.

Anonymous feedbacks/ complaints are accepted.

Please email detail of your feedback/ complaint anonymously to: admin@achievedisabilityservices.com. You may provide as much detail as you wish and may use this form amended to your discretion.

Alternatively, you may raise/ escalate your complaint directly to the NDIS Commission by:

- Phone: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged.
- [National Relay Service](#) and ask for 1800 035 544.
- Completing a [complaint contact form](#) at the NDIS Quality and Safeguards Commission website
- Visiting one of their offices in person
- Write to the NDIS Quality and Safeguards Commission - PO Box 210, Penrith NSW 2750
- Visit www.ndis.gov.au for further questions

Advocacy Assistance: <https://disabilityadvocacyfinder.dss.gov.au/disability/ndap/>

Participant name:

Phone:

Participant's family name:

Phone:

Section 1 - Feedback details to be completed by Participant/Participant's family

Feedback and Complaints Management Form

Report completed by:

Signature:

Date: DD / MM / YYYY

Section 2 - Complaint details to be completed by Participant/Participant's family

Date of incident: DD / MM / YYYY Time: HH : MM Date of report: DD / MM / YYYY

Location:

Witness name (if applicable): Phone:

Address:

Worker encountered during the incident:

Description of Complaint:

Report completed by:

Signature:

Date: DD / MM / YYYY

Immediate Action to be completed by Provider

Immediate actions and measures are taken by provider in response to the issue:

Immediate actions and measures were satisfactory?

☐ Yes ☐ No

Feedback and Complaints Management Form

Comments:

Investigation to be completed by Provider

Preliminary findings:

Identified root causes:

☐ Skills and competence

☐ Workplace Environment

☐ Policies & procedures

☐ Communication

☐ Risk assessment

☐ Others:

Required Actions

Description of actions:

Responsible:

Deadline: DD / MM / YYYY

Status:

☐ Open

Position:

☐ More action required

Phone:

☐ Closed effectively

Comments:

Outcomes:

☐ Run training/induction session

☐ Review/amend relevant process/documents

Feedback and Complaints Management Form

☐ Review/update risk register

☐ Create a new procedure

☐ Others:

Notification

NDIS consultation required?

☐ Yes ☐ No

If yes; date of consultation:

DD / MM /
YYYY

Complaint resolved?

☐ Yes ☐ No

Results communicated with Participant?

☐ Yes
☐ No

Sign off

Investigation completed by:

Signature:

Date:

DD / MM / YYYY