|  |
| --- |
|  **COMPLIMENTS, COMPLAINTS & FEEDBACK**  |

|  |  |
| --- | --- |
| **Your Details** |  |
| Name: |  |
| Address: |  |
| Phone: |  |
| NDIS Number: |  |

|  |
| --- |
| **Other Relevant Parties Details** |
| Name: |  |
| Address: |
| Phone: |  |  |  |
| NDIS Number: |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Additional Information** |
| Date/s: |   |
| Location: |  |
| Service Provider: |  |
| Method of Making Feedback/ Complaint |  |
|  |  |

|  |
| --- |
| **Feedback/ Complaint Details** |
| Description: *(what, who, why, when, where)* |
|  |
| **Your Suggested Outcome/s** |
| Description: *(what, who, why, when, where)* |
|  |

**Office Use Only**

**Actions/ Investigations**

Has this Feedback/Complaint been investigated? YES /NO

Investigation Outcome:

|  |  |  |  |
| --- | --- | --- | --- |
| Steps | What needs to be done? | Who will be responsible? | By When? |
| Step 1  |  |  |   |
| Step 2 |  |  |  |
| Step 3 |  |  |   |

**Feedback/Complaint Resolution**

Is this Feedback/Complaint been added to appropriate register? YES/ NO

Recommendations for Continuous Improvements:

|  |  |  |  |
| --- | --- | --- | --- |
| Steps | What needs to be done? | Who will be responsible? | By When? |
| Recommendation 1  |  |  |   |
| Recommendation 2 |  |  |  |
| Recommendation 3 |  |  |   |

**Authority Person**

Completed by: Signature: Date: