**Enable Fitness Centre**

**Complaints & Feedback Report Form**

Feedback or complaints about Enable Fitness Centre services or staff can be provided verbally in person or via phone on (08) 8261 7537 to:

* The staff member they were dealing with at the time, unless you are making a complaint about that staff member;
* Another staff member; or
* Any member of management, including the Practice Manager, General Manager or Operations Manager

Complaints and feedback can also be provided in writing. This complaints and feedback form is available to access and download from [www.enablefitnesscentre.com.au](http://www.enablefitnesscentre.com.au). Written complaints may be sent via post to 614 North East Road Holden Hill SA, or via email to admin@enablefitnesscentre.com.au.

A person may seek support from family, a friend or an independent advocate in making a complaint. Complaints can also be made anonymously, however, we won’t be able to provide updates or inform the complainant of the resolution of the complaint if it is reported anonymously.

If you are not satisfied with the response provided by Enable Fitness Centre to your feedback or complaint, you can contact the NDIS Quality and Safeguards Commission on 1800 035 544 or visit their website <https://www.ndiscommission.gov.au/about/making-complaint>.

Please identify: ☐ Compliment ☐ Complaint ☐ Concern ☐ Feedback

**Your Details (optional):**

| Name: |  |
| --- | --- |
| Phone number: |  |
| Email: |  |
| Postal address: |  |

| Details of compliment, complaint, concern, feedbackNOTE: Please attach any further information or supporting documentation to this form. |  |
| --- | --- |

Preferred contact method: ☐ Email ☐ Phone ☐ Mail ☐ No Contact

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Lodged: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

| Action taken:☐ Complainant Notified | \*Please attach information if further action is required. |
| --- | --- |

Responsible Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_