

As a provider of NDIS services, anyone has a right to make a complaint about our services, supports, or people employed by Prospr. We always try our very best to provide a high level of care, but sometimes things don’t go to plan. We appreciate receiving any feedback or complaints from our services, as it helps us to learn more and become better.

Our Complaints Manager, Kenan Akkoc, will review this form and respond fairly and quickly by following our complaints handling policy. You can reach out to him directly at 0422 333 655 or kenan.akkoc@prospr.care

**If you do not wish to complete this form**, **you can also make a complaint by**:

1. Telling us in person.
2. Giving us a call, texting us, or emailing feedback@prospr.care
3. Through your preferred communication device.

**NDIS participant details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  |  | **Contact number** |  |
| **Email address** |  | **NDIS number** |  |

Please note: **You do not have to give us your details** if you don’t want us to know who you are, however, we won’t be able to let you know what is happening and the steps we have taken to address your concerns.

**NDIS participant’s representative / advocate**

If you are filling this form on behalf of an NDIS participant, you can include your details below if you wish to be contacted regarding the complaint.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  |  | **Contact number** |  |
| **Email address** |  | **Relationship to NDIS participant** |  |

**Feedback/Complaints information**

|  |  |
| --- | --- |
| **Date the issue occurred?** |  |
| **Who was involved?** |  |
| **Please tell us about your complaint from your point of view. You can choose to explain what happened, how it happened, where it happened, and how this impacted you.**  |
|  |
| **What would you like for us to do to make things better again?** |
|  |
| **How would you like for us to get in touch with you to discuss the progress and decisions made about your complaint?** (Please select one option) |
| **To me** | **To my representative** |
| [ ]  **In person**[ ]  **By phone**[ ]  **By email** [ ]  **By mail** | [ ]  **In person**[ ]  **By phone**[ ]  **By email** [ ]  **By mail** |

Please attach any supporting documents you would like to share with us, and send this completed form to feedback@prospr.care