

## Atlas Disability Support — Feedback and Complaint Form

### We value your feedback.

Your input helps us improve our services and ensure you receive high-quality, person-centred support.

You can use this form to provide **feedback, compliments, or complaints** about our services or staff.

All feedback is treated **confidentially**, and you can choose to remain anonymous.

### Participant Details (Optional)

**Name:**

**Date:**

**Phone:**

**Email:**

**NDIS Number (if applicable):**

**Address (optional):**

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### Service You're Providing Feedback About

☐ Support Coordination

☐ Specialist Support Coordination (Level 3)

☐ Supported Independent Living (SIL)

☐ Occupational Therapy

☐ Physiotherapy

☐ Assistance with Daily Tasks

☐ Social & Community Participation

☐ Travel & Transport Services

☐ Other:

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**Type of Feedback (please tick one)**

- ☐ Compliment – I'm happy with the service I received
  - ☐ Suggestion – I have an idea for improvement
  - ☐ Complaint – I'm unhappy with a service or experience
  - ☐ General Feedback – I'd like to share my thoughts
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**Please Describe Your Feedback or Complaint**

(Provide as much detail as possible, including what happened, when, and who was involved if known.)

**What Outcome or Action Would You Like?****Would You Like Us to Contact You About This?**

- ☐ Yes, please contact me
- ☐ No, I prefer to stay anonymous

If yes, please provide your preferred contact method:

- ☐ Phone
- ☐ Email
- ☐ Other

Please forward completed form to: [info@atlasdisability.com.au](mailto:info@atlasdisability.com.au)