



Ref: [Click here to enter Reference Number]

[Click here to enter a Date]

Greater Sydney Paediatric Therapy (GSPT) – Complaint and Feedback process & form

Complaints and feedback

Greater Sydney Paediatric Therapy is committed to ensuring our clients are provided with information on how to give feedback or make a complaint. This includes making a complaint to us or making a complaint to another organisation or agency about the work we do.

As a client of Greater Sydney Paediatric Therapy, you have the right to high-quality therapy every single time you work with us, call us, email us or other interact with us. If you feel you are not being treated fairly or receiving that high-quality therapy, then GSPT wants to hear from you.

Making a complaint or providing feedback

You can make a complaint or provide feedback about Greater Sydney Paediatric Therapy in several ways, including:

- Emailing your therapist your concerns, or constructive feedback
- Emailing our general enquiries email address – enquiries@greatersydneypaediatrictherapy.com.au
- Completing the below complaints and feedback form and emailing to the above email address
- Completing the below form, printing it and mailing it to – Greater Sydney Paediatric Therapy PO Box 3149 Wareemba NSW 2046
- Contacting the NDIS via their [feedback form](#) or emailing them – enquiries@ndis.gov.au
- Calling the NDIS on 1800 800 110, Monday to Friday between 8:00am and 8:00pm
- Contact the NSW Ombudsman via their [feedback form](#) or call then on 1800 451 524



What happens when I make a complaint?

GSPT is committed to the timely, effective and fair management of complaints and feedback, GSPT will:

- Act professionally, respectfully and courteously
- Protect confidentiality and privacy
- Respond promptly to complaints, providing receipt of your complaint within three (3) business days
- Respond empathically to your complaint and seek to resolve the issue in a positive outcome
- Provide you with a realistic timeframe to respond to the complaint and achieve the desired outcome
- Provide you with one person in which you will be in contact with at GSPT, responsible for handling your complaint from beginning to end
- Adhere to all requests from the NDIA or other regulatory bodies to assist in their complaint management
- Assist you in making a complaint to the NDIS Commission should you wish
- Use the complaint and feedback to inform GSPT's continuous improvement strategies to help ensure we improve



Complaint Form

Part A - about me

Full Name:

NDIS Number (if available):

Part B – About the complainant (if different to the above)

Fill in this box if you are making a complaint on behalf of somebody else

Name of person: [Click here to enter Name]

What is your relationship to that person? Click here to enter text.

Does the person know you are making this complaint? ☐ Yes ☐ No

Does the person consent to the complaint being made? ☐ Yes ☐ No



Fill in this box if someone is assisting you with the complaint (e.g., a family member, or your nominated representative)

Name of representative: [Click here to enter Name]

Organisation: Click here to enter text.

Address: Click here to enter text.

Contact information:

Business: Click here to enter text.

Mobile: Click here to enter text.

Email: Click here to enter text.

My preferred contact is: Click here to enter text.



Part C – Your Complaint

What is your complaint about? You can include details to help us understand your concerns or the issue. You can include information about what happened, who was involved, or the decision made by GSPT that you are unhappy about.

Click here to enter text.



Part D – Who is your complaint about?

Who is your complaint about? Name of the person(s), or service about whom you are complaining or providing feedback about.

Name of the person(s): Click here to enter text.

Name of the organisation(s): Click here to enter text.

Address: Click here to enter text.

Contact information:

Business: Click here to enter text.

Mobile: Click here to enter text.

Email: Click here to enter text.

What is this person's or the organisations relationship to you?

Click here to enter text.



Part E – What outcomes are you seeking?

What and how would you like fixed? Please provide information about how we can solve your issue or complaint.

Click here to enter text.

Name of the organisation(s): Click here to enter text.

Address: Click here to enter text.

Contact information:

Business: Click here to enter text.

Mobile: Click here to enter text.

Email: Click here to enter text.

What is this person's or the organisations relationship to you?

Click here to enter text.



Part F – Further information

Supporting information: Please attach copies of any documents that may help us investigate your complaint and or feedback (e.g., emails, letters, text messages, plans). If you cannot do so, please tell us what you believe we should obtain.

Click here to enter text.

Have you made a complaint about this issue to another agency?: Have you reached out to another agency or service to make this complaint already? (e.g., NDIS Commission, NSW Ombudsman, Disability advocacy service)

If so, please provide details of the agency you made the complaint to, any outcomes and attach any copies of letters you may have received from that agency.

Click here to enter text.

☐ Please check this box to consent to Greater Sydney Paediatric Therapy providing information to a third party (e.g., another provider, NDIS, NSW Ombudsman, another jurisdiction) to help resolve your complaint and or issue.

☐ Email your completed complaint form to enquiries@greatersydneypaediatrictherapy.com.au or post to;

Greater Sydney Paediatric Therapy

PO Box 3149

Wareemba NSW 2026