



## FEEDBACK AND COMPLAINTS FORM

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What type of feedback are you providing today?

Feedback

Complaint

### Personal Details

Do you wish to remain anonymous?

Yes

No

First name:

Last name:

Address:

Telephone:

Mobile:

Email

### Feedback Information

Please record any feedback or complaints here. Include what to your decision and the dates, times and who was involved.



Have you discussed this with One Connection before?

Yes

No

If **yes**, please tell us who you raised this with and what was the outcome?

What outcome would you like from this feedback?

Preferred method of contact?

In person

Phone

Email

Post

### Returning this Form

To return this form you can return it in person to the One Connection HQ or scan and email this form to: [enquires@oneconnections.com.au](mailto:enquires@oneconnections.com.au)

### Privacy Declaration

One Connection collects and handles your personal information that you provide when engaging our services. One Connection is committed to protecting your



personal and sensitive information. One Connection will only use your information in accordance with the law and internal privacy policies. If you choose to remain

anonymous One Connection may not be able to resolve your matter to a satisfactory conclusion.

You can also provide feedback to the NDIS Quality and Safeguards Commission if you feel One Connection has been unable to satisfactorily resolve your matter.

Follow the link: <https://www.ndiscommission.gov.au/contact-us/makeacomplaint>

Or call: **1800 035 544**

### **Declaration**

I declare the information I have provided is true and correct to the best of my knowledge.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_