



myEmpowerPlan

NDIS SUPPORT SPECIALISTS



Feedback Form

This form allows participants, their representatives or others to raise a complaint, provide feedback, or request a review of a decision or service provided by myEmpowerPlan. If you still wish to contact the NDIS Quality and Safeguards Commission please call 1800 035 544.

You may remain anonymous if you prefer, but this may limit our ability to respond to your concerns.

If you need assistance with making a complaint or filling out this form please contact our office.

Person Making Complaint

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Date of Birth:	<input type="text"/>	NDIS No:	<input type="text"/>
<input type="checkbox"/> Participant	<input type="checkbox"/> Participant Representative	<input type="checkbox"/> Service Provider	
<input type="checkbox"/> Other	<input type="text"/>		
Email:	<input type="text"/>	Phone:	<input type="text"/>

Details of Other Person/s Involved

Name:

Relationship to person making complaint:

Email:

Phone:

Details of Complaint

Date of Incident or Issue:

Location (If Applicable):

What Happened?

Desired Outcome

What would you like to see happen as a result of this complaint?

- | | |
|---|--|
| <input type="checkbox"/> Explanation or Apology | <input type="checkbox"/> Change to Policy or Process |
| <input type="checkbox"/> Review of a Decision | <input type="checkbox"/> Staff Training or Review |
| <input type="checkbox"/> Other <input type="text"/> | |

Comments:

Multiple horizontal grey bars for entering comments.

Confidentiality and Consent

Your information will be handled confidentially and in line with NDIS and *myEmpowerPlan* policies.

I consent to *myEmpowerPlan* collecting and using my information to manage this complaint.

Date:

X

Sign Here

Office Use Only

Date Received:

Received By:

Complaint Category:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Service Quality | <input type="checkbox"/> Staff Conduct | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Privacy | <input type="checkbox"/> External Issue | <input type="checkbox"/> Other |

Action Taken:

Outcome Provided to Complainant: Yes No

Entered into Complaints Register

Register ID:

Manager Review Completed:

Date Closed: