

# COMPLAINT REPORT FORM

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*This form can be used by clients, carers, advocates, or staff to raise a concern or complaint. It applies to all services, including NDIS and non-NDIS related work.*

## 1. Complainant Details

Name (optional if anonymous): \_\_\_\_\_

Preferred Contact Method: ☐ Phone ☐ Email ☐ Other

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you lodging this complaint on behalf of someone else? ☐ Yes ☐ No

If yes, your name and relationship to person affected: \_\_\_\_\_

## 2. Description of Complaint

Please describe what happened, including relevant dates, times, and people involved:

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## 3. Desired Outcome

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

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#### 4. Lodgment

You can submit this form by:

 Email: [admin@atresolutions.com.au](mailto:admin@atresolutions.com.au)

 Phone: 0435 261 745

 In person to the Managing Director or authorised staff (if applicable)

Signature (optional): \_\_\_\_\_

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

#### 5. Office Use Only

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

Received by: \_\_\_\_\_

Complaint entered into register: ☐ Yes ☐ No

Assigned to (if applicable): \_\_\_\_\_

Follow-up completed on: \_\_\_\_\_

Resolution outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

External reviewer engaged (if complaint concerns sole director): ☐ Yes ☐ No