

WFT Feedback and Complaints Form for NDIS Participants

Participant Name:			
NDIS Number:			
Date: Support Coordinator (if applicable):			
1. Type of Feedback or Complaint:			
• □ Feedback			
• □ Complaint			
2. Details of Feedback/Complaint:			
Please provide a brief description of your feedback or complaint. Include relevant			
details such as dates, people involved, and any specific concerns:			
3. How Would You Like Us to Address This?			
Please let us know how you would like WFT to respond to your feedback or complaint:			

4. Have You Discussed This With Anyone at WFT Before?



 Yes (Please provide details): 	SERVICES
• □ No	
5. Would You Like a Follow-Up?	
• □Yes	
• □ No	
If yes, please provide your preferred contact information:	
Phone/Email:	
6. Signature:	
Participant Signature:	
Date:	
Office Use Only: • Date Received:	
Received By:	
Action Tokon	
Outcome:	
Follow-Up Required: □ Yes □ No	
Date Resolved:	
WFT Feedback and Complaints Form for Staff	
Staff Name:	
Position:	
Date:	



 □ Feedback
• □ Complaint
2. Details of Feedback/Complaint:
Please describe the nature of your feedback or complaint. Include relevant details such as dates, involved parties, and any specific issues:
3. Suggested Action or Resolution:
Please provide any suggestions or actions you believe could resolve the issue:
4. Have You Discussed This With Your Supervisor?
 Yes (Please provide details):
• □ No
5. Would You Like a Follow-Up?
 □ Yes
• □ No
If yes, please provide your preferred contact information:
Phone/Email:
6. Signature:



Staff Signature:	_
Date:	
Office Use Only:	
Date Received:	
Received By:	
Action Taken:	
Outcome:	
Follow-Up Required: ☐ Yes ☐ No	
Date Resolved:	

These forms are designed to help WFT gather and address feedback or complaints from both participants and staff efficiently, ensuring that all concerns are documented and resolved in a timely and respectful manner.