

PARTICIPANT COMPLAINT FORM



DATE: ____/____/____

This form is to assist you in making a complaint to our organisation.

All persons wishing to make a complaint can speak with the Manager or staff member of choice or choose to complete this form.

All information is strictly confidential.

If you feel unsure about anything or would like help completing this form, please speak to the Administration Officer.

We encourage you to make your complaint in writing. Please allow a maximum of ten (10) days

for a response.

If you wish to remain anonymous, you do not need to provide any personal details and can mail the form to PO Box 810, Bathurst NSW

Personal Details:

The information provided will be used to contact you. Only provide the contact details that you wish to be contacted on.

A complaint can be made to the NDIS Commission by:

- Phoning: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged.
- National Relay Service and ask for 1800 035 544.
- Completing a complaint contact form.

The NDIS Commission can take complaints from anyone about:

- NDIS services or supports that were not provided in a safe and respectful way
- NDIS services and supports that were not delivered to an appropriate standard
- How an NDIS provider managed a complaint about services or supports provided to an NDIS participant

As well as dealing with complaints, the NDIS Commission works to educate providers about delivering quality and safe support and effectively responding to complaints. If a complaint raises a serious compliance issue, the NDIS Commission has the power to take action.

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Name: Mr/Mrs/Miss/Ms _____

Postal Address: _____ Postcode: _____

Email: _____

Phone No: _____ Mobile: _____

Do you need assistance completing this form? If so, please select who will be assisting you.

Carer Details _____

Advocate Details _____

Guardian Details _____

Translator Details _____

Have you lodged a complaint with our organisation before?

YES

If yes, was the matter resolved? _____

NO

Comments:

Is there someone else (legal representative or support person) that you would like involved in making this complaint?

YES

NO

If yes, what is the name of the legal representative/support person? _____

Postal Address _____

Phone: _____ E-Mail: _____

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Details of the complaint

Is the complaint related to:

Employee of the organisation Details _____

Volunteer of the organisation Details _____

Service Delivery Details _____

Facilities Details _____

Specific Incident Details _____

What happened?

Where did it happen?

When did it happen? (Include date if possible)

Who was involved? (List all persons involved and witnesses)

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Did someone witness the incident? Would they be willing to be contacted regarding your complaint? If so, provide the name and contact details. (Inform the witness that they may be contacted by the organisation to discuss the matter)

Any other relevant details:

Have you discussed the matter with the person/s involved?

YES NO

If yes, what was the outcome, if any? Please attach a copy (not the original) of your complaint to the respondent and any letter of reply you have received.

If not, is there any reason/s that you cannot do so? Do you need help to do this, e.g. for safety reasons, or cultural reasons?

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How would you like to see your complaint resolved? What action would you like the organisation to take to resolve your complaint?

Additional Information/Supporting Documentation

Please attach copies (not the original) of any documents that may help us to handle the complaint, e.g. if you have letters, emails or faxes or records of conversations you have had with the person/s associated with the complaint.

To help us resolve this matter as fast as we can, please ensure your contact details are kept up to date. If details change, let the organisation know as soon as you can.

Please sign and date this form.

Signature: _____ Date: _____

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For Millers Complete Care use only

Complaint Investigation

Complaint Number: _____

Relevant Department: _____

To be Investigated By: _____

Investigation Deadline: _____

Investigator Remarks: _____

Resolved: YES NO

Investigator Signature: _____

Resolution Approved by: _____