



COMPLAINTS FORM

Autism Abilities values complaints about the quality of its services and communications to support our continuous improvement.

Part A – About You

Fill in this section if you are complaining on behalf of somebody else:

Name of person:	
What is your relationship to that person?	
Does this person know you are making a complaint?	
Does the person consent to the complaint being made?	

Fill in this section if someone is assisting you with the complaint for example a family member, your nominee, etc.:

Name of representative:	
Organisation:	
Contact details (address, phone, email etc.)	
Preferred type of contact:	



Part B – Your Complaint

What is your complaint about?

Please provide some details to help us understand your concerns. You can include what happened, where it happened, who was involved, why you are unhappy about what happened and any other relevant information.

What outcomes are you seeking?

Please tell us what you would like to happen to resolve this complaint.



Part C – Further Information

Supporting Information

Please provide supporting information that may help us investigate your complaint (e.g. letters, emails etc) if available.

Have you made a complaint about this to another agency (e.g. The NDIS Quality and Safeguards Commission)?

If so, please provide details of the agency to which you have made your complaint and any outcome.

Thank you for taking the time to provide us with this important feedback so we can continuously improve our services. We will acknowledge receipt of this complaint within 2 business days and provide a full update response in not less than ten business days.