

## COMPLAINTS MANAGEMENT FORM

### Your Details

Name:

Address:

Phone:

Email:

I am

- A participant  A family member  Third Party  Member of Public  Staff member

### Participant Details (if different from above)

Name:

Address:

NDIS Number:

### Additional Information

Date/s:

Location:

Staff Member Involved:

Method of Making  
Feedback/ Complaint

### Feedback/ Complaint Details

Description: *(what, who, why, when, where)* \_\_\_\_\_

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**Your Suggested or Requested Outcome/s**

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**Office Use Only**

**Actions/ Investigations**

Date received: \_\_\_\_\_ File Number: \_\_\_\_\_

Has this Feedback/Complaint been investigated? YES /NO

Investigation Outcome:

Steps	What needs to be done?	Who will be responsible?	By When?
Step 1			
Step 2			
Step 3			

**Feedback/Complaint Resolution**

Recommendations for Continuous Improvements:

Steps	What needs to be done?	Who will be responsible?	By When?
Recommendation 1			
Recommendation 2			
Recommendation 3			

Feedback provided to staff involved: YES /NO

Staff File Updated YES /NO

Does this form a reportable incident YES /NO

If yes, Incident Number \_\_\_\_\_

Added to Feedback & Complaints Register

Continuous Improvement Register Updated

**Authority Person**

Completed by:

Signature:

Date:

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