



Complaint/Feedback Form

To improve our services, we need your feedback. It's OK to complain. We need to know how you feel as this helps us to do better! We will always listen and reply to complaints, as quickly as possible.

Date _____

Client Name: (only fill in if you would like to):

Do you have NDIS funding?: Y N

Person Making the Complaint / Giving Feedback: (only fill in if you would like to):

Contact details; Phone numbers (only fill in if you would like to):

Home

Mobile

Details of Complaint / Feedback

Has this matter been brought to our attention previously: No / Yes

If Yes: To whom _____ and when

How would you like us to resolve this issue?

