

# Feedback and Complaints Management Form



Register No (office use):

Dear Participant:

We appreciate your input to further assist us in improving our service quality. Please use **section 1** of this form to reflect any **feedback** in relation to your experience with our service.

Please complete **section 2** of the following form in the unfortunate event of any **complaint**. A formal investigation will commence once we receive the completed form. If you require assistance in the completion of this form, please contact us with provided details.

Please send the completed form to:

[admin@plan-me.com.au](mailto:admin@plan-me.com.au) and/ or contact: Jess Germain on 1300 337 526

**Anonymous feedbacks/ complaints are accepted.**

Please email detail of your feedback/ complaint anonymously to [admin@plan-me.com.au](mailto:admin@plan-me.com.au). You may provide as much detail as you wish and may use this form amended to your discretion.

**Alternatively, you may raise/ escalate your complaint directly to the NDIS Commission by:**

- Phone: 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 at the NDIS Quality and Safeguards Commission website

Participant name:

Phone:

Participant's family name:

Phone:

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## Section 1 - Feedback details to be completed by Participant/Participant's family

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Report completed by:

Signature:

Date: DD / MM / YYYY

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## Section 2 - Complaint details to be completed by Participant/Participant's family

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Date of incident: DD / MM / YYYY      Time: HH : MM      Date of report: DD / MM / YYYY

Location:

Witness name (if applicable):      Phone:

Address:

Worker encountered during the incident:

Description of Complaint:

Report completed by:

Signature:

Date: DD / MM / YYYY

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## Immediate Action to be completed by Provider

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Immediate actions and measures are taken by provider in response to the issue:

Immediate actions and measures were satisfactory?

Yes     No

Comments:

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## Investigation to be completed by Provider

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Preliminary findings:

Identified root causes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Skills and competence | <input type="checkbox"/> Workplace Environment | <input type="checkbox"/> Policies & procedures |
| <input type="checkbox"/> Communication         | <input type="checkbox"/> Risk assessment       | <input type="checkbox"/> Others:               |

## Required Actions

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Description of actions:

Responsible:

Deadline:

DD / MM / YYYY

Status:

Open

Position:

More action required

Phone:

Closed effectively

Comments:

Outcomes:

- |   |  |
|---|--|
| <input type="checkbox"/> Run training/induction session | <input type="checkbox"/> Review/amend relevant process/documents |
| <input type="checkbox"/> Review/update risk register    | <input type="checkbox"/> Create a new procedure                  |
| <input type="checkbox"/> Others:                        |  |

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## Notification

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NDIS consultation required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes; date of consultation:	DD / MM / YYYY
Complaint resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Results communicated with Participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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## Sign off

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Investigation completed by:	Signature:
Date:	DD / MM / YYYY