



Form02. Complaint Report Form

Doc No: Form02

Version No: 02

Version Date: 14/11/2022

- This form is to assist you in making a complaint to our organisation.
- All persons wishing to make a complaint can speak with the Care Manager or one of the Leadership Team members
- All information is strictly confidential.
- If you feel unsure about anything or would like help to complete this form, please speak to the admin person
- We encourage you to make your complaint in writing. Please allow a maximum of ten (10) days for a response
- Email completed form to feedback@wellnessaustraliagroup.com.au or post to GPO 31, Brisbane 4001 or give in person to Care Manager or one of the leadership team members.
- Please attach copies (not the original) of any documents that may help us to handle the complaint.
- If you still wish to raise this complaint about us to the NDIS commission, please contact 1800 035 544

Source: Participant Worker NDIS Other _____

Part A – About me (If you want to raise this complaint anonymously, DO NOT complete this section)

Date	
Full Name	
Address	
Phone No	

Is there someone else (legal representative or support person) that you would like involved in making this complaint? Yes No

Name of legal representative/support person _____

Fill in this box if you are putting this complaint on behalf of someone else

Name of person	
What is your relationship to that person	
Phone number	

Does the person know you are making this complaint?

Yes No



Form02. Complaint Report Form

Doc No: Form02

Version No: 02

Version Date: 14/11/2022

Does the person consent to the complaint being made?

Yes No

Part B – Your complaint

What is your complaint about? (Provide some details to help us understand your concerns. You can include what happened, where it happened and who was involved)

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).

How can we help to fix this problem or complaint?

Signature

Please Return this form to office or email us



Form02. Complaint Report Form

Doc No: Form02

Version No: 02

Version Date: 14/11/2022

Office Use Only

I, _____ acknowledge receiving a Complaint Form submitted by _____ that has been allocated the registration number of _____

Is this complaint confidential?

Yes

If yes, specify who can see this complaint?

No

Signature:

Date: