

Complaint Form for NDIS Participants, their Families, Friends, Carers and Advocates

Part A – About me

Full Name:

NDIS Number (if available):

Part B- About the complainant (if different to above)

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

Name of person: Click here to enter text.

What is your relationship to that person? Click here to enter text.

Does the person know you are making this complaint? Choose an item.

Does the person consent to the complaint being made? Choose an item.

Fill in this box if someone is assisting you with the complaint – for example a family member, your nominee or representative.

Name of representative: Click here to enter text.

Organisation: Click here to enter text.

Postal Address: Click here to enter text.

Contact Numbers

Business: Click here to enter text.

Mobile: Click here to enter text.

TTY: Click here to enter text.

Email: Click here to enter text.

My preferred contact is: Choose an item.

Part C – 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 or the decision made by the Agency that you are unhappy about.

Part D – Who is your complaint about?

Name of the person, or service about whom you are complaining

Name/organisation:

Address:

Post Code:

Contact numbers

Business: .

Mobile:

TTY:

Email:

What is this person's/organisation's relationship to you?

What outcomes are you seeking?

NOTE: If you want to complain about more than one person or organisation, please provide this additional information on an extra page.

Part E – Further information

Supporting information



Please attach copies of any documents that may help us investigate your complaint (for example letters, references, emails). If you cannot do this, please tell us what you think we should obtain.

Have you made a complaint about this to another agency?

If so, please provide details of the agency to which you made your complaint and any outcome. Please also attach copies of any letters you have received from that agency.

Please check this box to consent to Jobfind providing information to a third party (e.g. another organisation) to resolve your issue.

Please return your completed Complaints form to:

-  Your dedicated Jobfind NDIS Consultant, or
-  Drop it into the Feedback box at your local Jobfind NDIS office, or
-  Mail your form to: Jobfind's Quality Management Officer at
Jobfind Centres Australia
Suite 501, Level 5, 10 Bridge Street
Sydney NSW 2000
-  Or, Email your form to: feedback@jobfind.com.au