

## NDIS COMPLAINT REPORTING FORM

<b>Date of report:</b>	
<b>Name of person reporting:</b>	
<b>Name of Manager / team member receiving report:</b>	
<b>Was support offered to the person making the complaint?</b>	

How this complaint came to the attention of the Provider:

Date of incident / event relevant to the complaint:

Details of the complaint: (detail if multiple accounts are provided who is reporting and when)

Follow up and next actions:

Date	Details	Staff member

Were support continually provided throughout the resolution process?	Yes / No / Declined
Was the person supported to access another service?	Yes / No / Declined
Name of alternative Provider:	Date of referral:

Agreement of resolution:

\_\_\_\_\_

Signed by person making complaint

\_\_\_\_\_

Signed by staff member

Was the complaint referred to the NDIS Commission?	Yes / No
Date of referral:	
Details of follow up from the Commission:	
Date:	
Name of person completing report:	
Signature:	