

## Complaints and Feedback Form

### Part A: About Me

This section is for the complainant/ NDIS participant to complete

Full Name	
NDIS number (if available)	

### Part B: Details of other person involved in the complaint (if different to above)

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

Full name	
Relationship to the Participant/person in Part A?	
Does this person know you are making the complaint?	
Have they given you consent to make a complaint on their behalf?	

### Part C – contact details for the complaint

Who should we communicate with to resolve the complaint?

Primary Contact Person	
Full name	Organisation (if applicable)
Postal address	
Phone (landline / mobile)	
Email	
TTY	
Preferred Contact method	

Secondary Contact Person (if applicable)	
Full name	Organisation (if applicable)
Postal address	
Phone (landline / mobile)	
Email	
TTY	
Preferred Contact method	

## Part D – Description the Complaint

Details / explanation of the complaint

What service(s) or invoices does the complaint relate to?

## Part E – What outcome are you seeking?

## Next Steps

Please forward this form, and any supporting documentation to [contact@aspectndis.com.au](mailto:contact@aspectndis.com.au).

We will acknowledge the complaint within 1 business day and provide a response/resolution to you within 5 working days.

If you are not satisfied with our response or resolution you can contact the NDIS Commission for further advice or assistance. You can find information about the NDIS Commission including their contact details on their website: <https://www.ndiscommission.gov.au/>