

Complaints and Feedback Form

Please note:

- You may wish to remain anonymous in making the complaint.
- You will not be adversely impacted by making a complaint.
- You will be provided a copy of the complaint in writing.
- You will be kept up to date of the progress and status of the complaint until a resolution.

Part A: About Me

This section is for the complainant/ NDIS participant or nominee to complete

Full Name (<i>optional</i>)	
NDIS number (if available and <i>optional</i>)	

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 [if you wish to be contacted]?

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.

We will respond 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/>