We appreciate any suggestions, complaints and comments. To do so, you can speak to your Therapist or an advocate to complete this form. **All information is strictly confidential**. We encourage you to make your complaint in writing. Please allow approximately one week for a response.

You may also like to make a complaint directly to the **NDIS Quality and Safeguard Commission** Phone: 1800 035 544 or Online at: [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)

|  |
| --- |
| Personal details: |
| The information you provide will be used to contact you. |
| Your Name: |  |
| Address: |  |
| Phone Number: |  |

|  |  |  |
| --- | --- | --- |
| Have you lodged a complaint with this service before? | **Yes ☐** | **No ☐** |
| The matter was satisfactorily resolved? | **Yes ☐** | **No ☐** |

|  |
| --- |
| Is there someone (legal representative/support person) that you would like involved in making this complaint? |
| **Yes ☐** | **No ☐** |  |
| Details: |  |

|  |
| --- |
| Details of the complaint: |
| What happened? |
|  |

|  |
| --- |
| Where it happened? |
|  |

|  |  |
| --- | --- |
| When it happened? |  |

|  |
| --- |
| Who was involved? |
|  |

|  |  |  |
| --- | --- | --- |
| Did anyone witness what happened? | **Yes ☐** | **No ☐** |
| Would they be willing to be contacted? | **Yes ☐** | **No ☐** |

|  |
| --- |
| Any other relevant details? |
|  |

|  |
| --- |
| Have you spoken to someone about what happened? |
| **Yes ☐** What was the outcome? |
| **No ☐** What was the reason you were unable to discuss the matter with the other person? |

|  |
| --- |
| How would you like the complaint or issue resolved? |
|  |

|  |
| --- |
| Please attach documents that may be of assistance in handling the complaint: |
| Signature: | Date: / / |

Please return the completed form to: admin@thrivewellnessandconsulting.com