



Complaint Form

1, Client Details

Title (Mr, Mrs, Etc)	Family Name	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Suburb	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Telephone Number	Business Telephone Number	Mobile Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		

2, Details of Additional Person(s) or Suppliers involved in this Complaint

Title (Mr, Mrs, Etc)	Family Name	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Suburb	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Telephone Number	Business Telephone Number	Mobile Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		

3, Details of goods and services supplied to the customer

Date of Purchase or Service

From: To:

Description of the goods or services

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4, Details of the complaint

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We will endeavour to take this complaint seriously and inform you of the progress of your complaint. Complaints can also be made to the NDIS commissior about services you recevie. All details about how to make a complaint to the commisioner can be found here - <https://www.ndiscommission.gov.au/about/complaints> or compliants can be made by phoning 1800 035 544

Office use only

Complaint received by (Employee Name)	Date Received
<input type="text"/>	<input type="text"/>
Date complaint enetered into report log	
<input type="text"/>	