

# Complaints & Feedback Form



## Instructions:

Complete this form and forward it to either of the address given below:

Email: [connect@aussielifecare.com.au](mailto:connect@aussielifecare.com.au) Postal address: **Level 1, Suite A25,10-18 Society Avenue,  
Lyndhurst , VIC 3975**

NDIS Contact : **1800 800 110**

NDIS Commission : **1800 035 544**

**The Aussie Life Care staff will contact you upon receipt of this form.**

Note: You can send in the Anonymous Complaints and Feedback using this form, if you choose to do so. In that case the complaints manager will not be able to update you with progress or the result of the resolution.

Fill in the details of the person who is making the complaint/ providing feedback.

Name:	
Address:	
Phone:	
Email:	
My preferred contact method:	
Relationship with the NDIS participant:	

**Who is the person, or what is the service, about whom you are complaining or providing feedback about?**

Name of Participant:	
Name of Service:	

Does the person know you are making this complaint/providing feedback?	YES	NO
--	-----	----

**What is your Complaint/Feedback about?**

**Would you please provide some details to help us understand your concerns?**

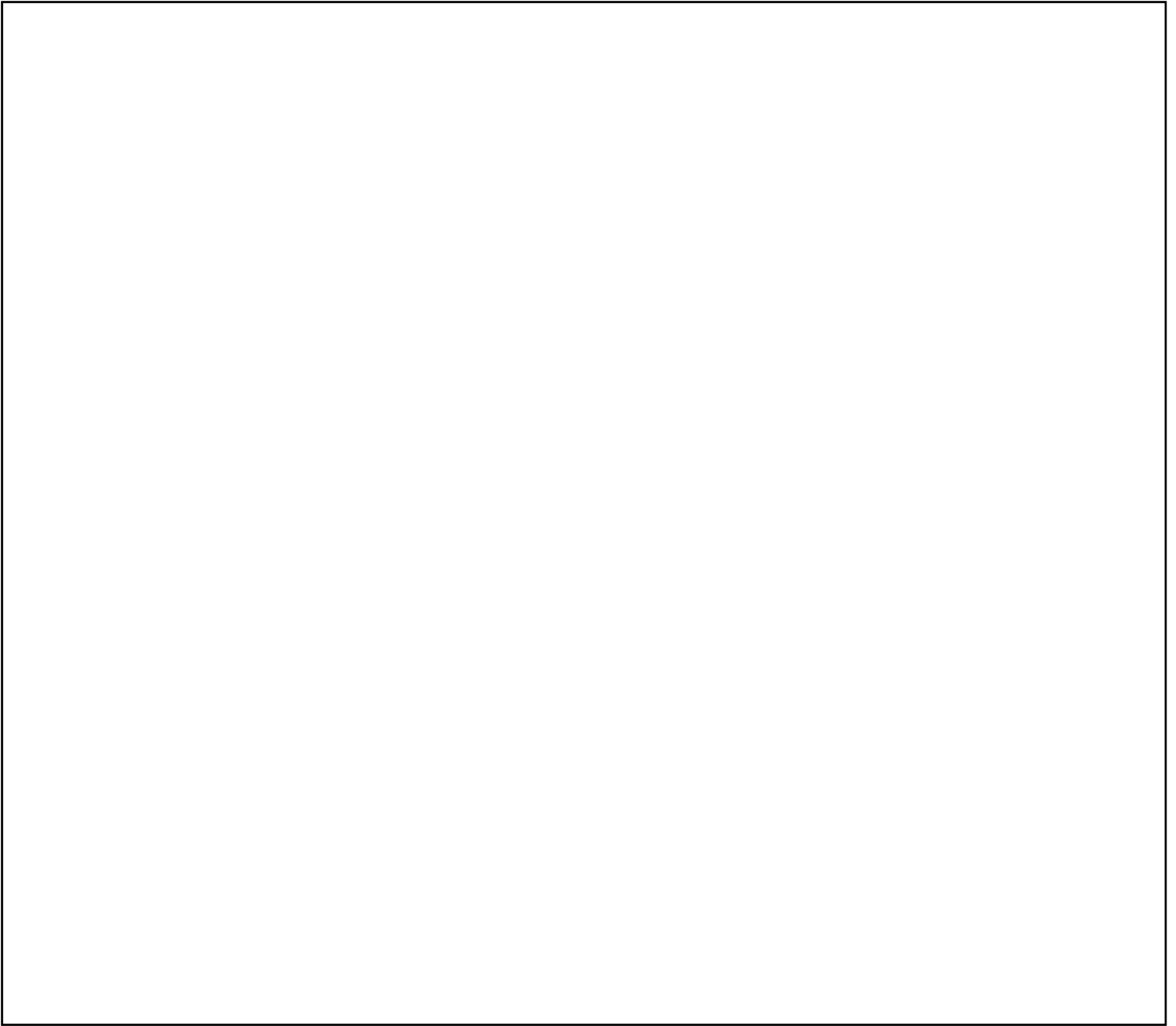
**You should include what happened, where it happened, the time it happened and who was involved.**

**Supporting Information**

Would you please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails)?



What outcomes are you seeking because of the complaint/feedback?



**OFFICE USE ONLY**

Date received

Action taken or required

Date action completed

Signature

