COMPLAINT REPORT FORM

Register No. (*office use*): _____

Dear Participant,

We greatly value your feedback as it helps us continuously improve the quality of services we provide. Please use **Part 1** of this form to share any **feedback** on your experience with our service.

If you have concerns, are dissatisfied, or believe you have been mistreated by HAPPY TO HELP CARE SERVICES, we encourage you to make a formal **complaint** by completing this form. Any individual receiving services from HAPPY TO HELP CARE SERVICES is entitled to submit a formal complaint, which can lead to enhanced services and improved quality of care for all.

Upon receipt of your complaint, we will acknowledge it within **one (1) business day** of the submission date. If there are any delays in addressing your complaint, one of our representatives will contact you with a tentative date by which we will respond.

Should you require assistance in completing this form, please do not hesitate to contact our friendly staff.

Anonymous feedback or complaint:

If you prefer to raise a complaint **anonymously**, you can do so by following one of the options below:

(i) Complete Part 1 of this form, selecting "Anonymous" in Section A and leaving the personal information fields in Section B blank. Completed complaint forms can be mailed directly to HAPPY TO HELP CARE SERVICES.

(i) Make an anonymous phone call to us at 0427 214 661 and inform our representative that you wish for the complaint to remain anonymous. Our representative will not request any personal information that could identify you.

If this complaint is similar or identical to one made previously, please provide details about when the last complaint was submitted in **Part 2, Section E**.

Complaints can also be made in person through a face-to-face discussion with one of our representatives. If you wish for the complaint to remain anonymous, please specify this before the complaint is documented.

Alternatively, you may escalate your complaint directly to the NDIS Commission by:

(i) Phone: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged.
(i) National Relay Service and ask for 1800 035 544.
(i) Completing a complaint contact form.

If you feel comfortable, we encourage you to raise your concern or complaint with HAPPY TO HELP CARE SERVICES first, as this is often the most efficient way to resolve your issue quickly.

PART 1 – FEEDBACK

We believe our frontline staff are the best people to assist you. If you want to provide feedback about the quality or safety of our services/supports, please feel free to complete all sections below.

We would love to hear your thoughts or feedback on how we can improve your experience. Your feedback comments are covered by our *Privacy and Confidentiality Policy and Procedure*. Please note HAPPY TO HELP CARE SERVICES takes privacy seriously and will only collect, hold, use and disclose your personal information in compliance with the Privacy Act.

****If filing out this form by hand, please use a BLACK or BLUE pen and mark 'X' in relevant boxes****

Section A. About the Feedback		
Direct	You are an NDIS Participant or Client providing feedback directly	☐
Indirect	You are providing the feedback on behalf of the NDIS Participant or a person with a disability	☐
Anonymous	You are providing anonymous feedback and won't reveal your name or contact details	☐

Section B. Your Details	
First Name	
Last Name	
Contact Number	
Email Address	

Section C. Who are you?		
I am submitting as:	NDIS Participant	☐
	Family member	☐

	Carer	☐
	Friend	☐
	Guardian	☐
	Advocate	☐
	Other: _____	☐

Section D. Your feedback	
Please provide details about your feedback	

Section E. Your signature

Your signature	
Date	

PART 2 – COMPLAINT

With the information you provide below, we will work with you to resolve your complaint or concern. Please note HAPPY TO HELP CARE SERVICES takes privacy seriously and will only collect, hold, use and disclose your personal information in compliance with the Privacy Act.

****If filing this form out by hand, please use a BLACK or BLUE pen and mark 'X' in relevant boxes****

Section A. About the complainant		
Direct	You are an NDIS Participant or Client making the complaint directly	☐
Indirect	You are making the complaint on behalf of the NDIS Participant or a person with a disability	☐
Anonymous	You are making an anonymous complaint and won't reveal your name or contact details	☐

Section B. Your Details	
First Name:	
Last Name	
Phone Number	
Email Address	

Section C. Who are you?		
I am submitting as:	NDIS Participant / Client	☐
	Family member or friend	☐
	Advocate	☐
	Carer	☐
	Staff Member	☐
	Other: _____	☐

Section D. Assessing the need for any help with communication

Do you require any help with communication? (e.g., Interpreter/translator)	☐ Yes
	☐ No
If "Yes", please provide details of the help that you need; otherwise, write N/A	

Section E. Your complaint	
Please provide details about your complaint	
What outcomes are you seeking as a result of the complaint?	

Section F. Your signature

Your signature	
Date	

PART 3 – PROVIDER ACTIONS AND INVESTIGATION

The following sections will be completed by HAPPY TO HELP CARE SERVICES's Complaints Officer or designated manager.

Section A. Immediate Action	
Immediate actions and measures are taken in response to this issue	
Immediate actions and measures were satisfactory	☐ Yes
	☐ No
Comments:	

Section B. Investigation	
Preliminary findings:	

Identified root causes:	

Section C. Required Actions	
Description of actions:	
Responsible (Full Name & Position Title):	
Deadline (DD/MM/YYYY)	

Section D. Review		
Review Date:		
Status:	☐	Open
	☐	More action required
	☐	Closed effectively
Outcomes:	☐	Run training
	☐	Review/update the *Risk Register*
	☐	Review relevant processes/policies & procedures
	☐	Create a new procedure

	☐	Other(s): _____
Comments:		

Section D. Notification		
Referred to NDIS Commission or other government body:	☐	Yes – If "Yes" date: _____
	☐	No
Complaint resolved?	☐	Yes
	☐	No
Results communicated to the participant and other relevant stakeholders?	☐	Yes
	☐	No
Comments:		

Section E. Signature	
Full Name:	
Date:	
Signature:	