



Align Independence

Counselling, Consulting & Coaching

Complaints, Feedback & Compliments Form

Your voice helps us improve our services, recognise what is working well and respond when something is not right.

You can speak up safely

You do not have to use this form. You can give feedback or make a complaint verbally, in writing, anonymously, or in another accessible way. You can have a family member, support person, advocate or interpreter assist you. You will not be treated unfairly, lose supports or be disadvantaged because you make a complaint or give negative feedback.

1. What would you like to tell us?

- ☐ Complaint / concern ☐ Feedback / suggestion ☐ Compliment
- ☐ I would like a response ☐ No response needed ☐ I prefer not to say

2. About you

Date	____ / ____ / ____
I am	☐ Participant ☐ Prospective participant ☐ Family / carer ☐ Advocate / support person ☐ Worker ☐ Other
Your name	<i>Optional - leave blank if you wish to remain anonymous</i>
Participant's name	<i>If different from you and relevant to the feedback</i>
Phone	
Email	
Preferred contact	☐ Phone ☐ Email ☐ SMS ☐ In person / video ☐ Other: _____

Anonymous feedback is welcome

You may leave your name and contact details blank. If we do not have your contact details, we may be unable to ask follow-up questions or tell you the outcome.

Tell us what happened

3. Communication, access or support

☐ No additional support needed ☐ Advocate / support person ☐ Interpreter

☐ Easy Read / help reading or writing ☐ Large print ☐ Other communication support

Support person / advocate name (optional): _____ Contact: _____

If you want us to discuss your complaint or personal information with another person, we may need your consent or authority to act.

4. What would you like us to know? *You can include what happened, when and where it happened, and who was involved.*

5. Is there anything else we should know? *For example: documents, messages, witnesses, previous discussions or steps already taken.*

6. Is anyone's immediate safety or wellbeing at risk?

☐ No ☐ Yes ☐ Not sure

If yes or not sure, please tell us what the concern is:

Urgent safety

If someone is in immediate danger or needs urgent medical help, call 000. If your feedback raises a safeguarding concern, reportable incident, suspected criminal conduct, child-safety matter or privacy breach, Align Independence may need to take immediate action or notify another authority.

7. What would you like to happen?

☐ Acknowledgement - I want to be heard and have the issue recognised ☐ Answer / explanation

☐ Action / change ☐ Apology ☐ Something else

Please describe the outcome you are hoping for: _____

8. Anything else you would like to add?

Attachments

☐ None ☐ Yes - I have attached or provided: _____

What happens next

Our commitment to you

We will receive your feedback respectfully. Complaints are acknowledged promptly, assessed for urgency and safety, handled fairly and without unreasonable delay, and you will be kept appropriately informed. We will protect your privacy and only share information where it is needed to respond, appropriate in the circumstances, or required by law.

How to send this form

Email	info@alignindependence.com.au
Phone	0406 943 133
Post	PO Box 1717, Mildura Centre Plaza VIC 3501
Website	www.alignindependence.com.au
Other	Give it to a worker, ask us to record your verbal feedback, or use another accessible method.

You can contact the NDIS Commission at any time

You do not have to complain to Align Independence first. If you are not comfortable raising the issue with us, the complaint is about the Director, or you are unhappy with how your complaint was handled, you can contact the NDIS Quality and Safeguards Commission.

NDIS Quality and Safeguards Commission: 1800 035 544 | ndiscommission.gov.au/complaints/report | National Relay Service: ask for 1800 035 544

The NDIS Commission accepts complaints about NDIS supports and services, including anonymous complaints, and can provide information about independent advocacy.

For Align Independence use only

Date received		Received by	
Type	☐ Complaint ☐ Feedback ☐ Compliment	Register ref.	
Acknowledged	___ / ___ / ___	Acknowledged by	
Risk / safety triage	☐ No escalation ☐ Incident / safeguarding / other escalation	Conflict check	☐ No ☐ Yes
Assigned to		Review due / update	
Outcome / action		Outcome advised	___ / ___ / ___
Review requested	☐ No ☐ Yes	CI Register ref.	
Closed date	___ / ___ / ___	Record retention	Complaint records: retain 7 years

Internal handling note: record relevant complaints in the Complaints Register; link systemic issues or service improvements to the Continuous Improvement Register; document actions and outcomes.

Compliance note: This form supports Core Module 2.5 - Complaints and Feedback Management and the NDIS Complaints Management and Resolution Rules. Complaint records are retained for 7 years.