

# One Disability Supports

## Complaints & Feedback Form

(Aligned with NDIS Code of Conduct & NDIS Complaints Management and Resolution Rules 2018)



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## 1. Participant Details

**Full Name:** \_\_\_\_\_

**NDIS Number (optional):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Who is the complaint about?**

(please specify): \_\_\_\_\_

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## 2. Who Is Making the Complaint?

☐ Participant

☐ Family Member / Nominee

☐ Support Coordinator

☐ Advocate

☐ Staff Member

☐ Other: \_\_\_\_\_

**Your Name (if different from participant):** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

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## 3. Type of Feedback

☐ Complaint

☐ Concern

☐ Suggestion

☐ Positive Feedback

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## 4. What is the Complaint / Feedback About?

(Please tick all that apply)

- ☐ Quality of support
  - ☐ Safety concerns
  - ☐ Staff behaviour or conduct
  - ☐ Communication
  - ☐ Respect & dignity
  - ☐ Cultural needs
  - ☐ Privacy or confidentiality
  - ☐ Billing or charges
  - ☐ Incident or event
  - ☐ Other: \_\_\_\_\_
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## 5. Details of the Complaint or Feedback

(Please describe what happened, including dates, names, and any key details)

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## 6. What Outcome Would You Like?

(How would you like us to resolve this? What would help?)

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## 7. Supporting Evidence (optional)

- ☐ Photos attached
  - ☐ Documents attached
  - ☐ Screenshots attached
  - ☐ Other evidence: \_\_\_\_\_
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## 8. Privacy & Consent

**Would you like your complaint to be anonymous?**

- ☐ Yes
- ☐ No

**Can we contact you to discuss this complaint?**

- ☐ Yes
- ☐ No

**Preferred contact method:**

- ☐ Phone ☐ Email ☐ SMS ☐ Other: \_\_\_\_\_
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## 9. Acknowledgement

I understand this complaint will be handled respectfully, confidentially, and in accordance with the:

- **NDIS Code of Conduct**
- **NDIS Complaints Management and Resolution Rules 2018**
- **One Disability Supports Internal Complaints Policy**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**If you wish to discuss this complaint further, please email:**  
**[Admin@OneDisabilitySupports.com.au](mailto:Admin@OneDisabilitySupports.com.au)**

**We will promptly get back to you within 24 hours.**

## 10. Office Use Only (Staff to Complete)

**Date Received:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Complaint Category:** \_\_\_\_\_

**Risk Level:** Low / Medium / High

**Action Taken:**

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**Outcome Provided to Participant:**

☐ In writing ☐ Verbally ☐ Email

**Date Outcome Provided:** \_\_\_\_\_

**Investigation Completed By:** \_\_\_\_\_

**Notes:**

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## NDIS External Complaint Options (Required by Law)

Participants may contact:

### NDIS Quality and Safeguards Commission

Phone: **1800 035 544**

NDIS website: [ndiscommission.gov.au](http://ndiscommission.gov.au)

Complaints can be made anonymously.