



COMPLAINT REPORT FORM

Register No. (office use): Ground Floor 470 St
Kilda Rd, Melbourne Vic 3004

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 Invisible Supports PTY LTD, we encourage you to make a formal **complaint** by completing this form. Any individual receiving services from Invisible Supports PTY LTD 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 Invisible Supports PTY LTD.
- (i) Make an anonymous phone call to us at 0417465872 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 Invisible Supports PTY LTD 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 Invisible Supports PTY LTD 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	<input type="checkbox"/>
Indirect	You are providing the feedback on behalf of the NDIS Participant or a person with a disability	<input type="checkbox"/>
Anonymous	You are providing anonymous feedback and won't reveal your name or contact details	<input type="checkbox"/>

Section B. Your Details	
First Name	
Last Name	
Contact Number	



Email Address	
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Section C. Who are you?		
I am submitting as:	NDIS Participant	<input type="checkbox"/>
	Family member	<input type="checkbox"/>
	Carer	<input type="checkbox"/>
	Friend	<input type="checkbox"/>
	Guardian	<input type="checkbox"/>
	Advocate	<input type="checkbox"/>
	Other: _____	<input type="checkbox"/>

Section D. Your feedback



<p>Please provide details about your feedback</p>	
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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 Invisible Supports PTY LTD 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	<input type="checkbox"/>
Indirect	You are making the complaint on behalf of the NDIS Participant or a person with a disability	<input type="checkbox"/>
Anonymous	You are making an anonymous complaint and won't reveal your name or contact details	<input type="checkbox"/>

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

Section C. Who are you?		
I am submitting as:	NDIS Participant / Client	<input type="checkbox"/>
	Family member or friend	<input type="checkbox"/>
	Advocate	<input type="checkbox"/>
	Carer	<input type="checkbox"/>
	Staff Member	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

Section D. Assessing the need for any help with communication	
Do you require any help with communication? (e.g., Interpreter/translator)	<input type="checkbox"/> Yes
	<input type="checkbox"/> No



If "Yes", please provide details of the help that you need; otherwise, write N/A	
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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 Invisible Supports PTY LTD’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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

Section B. Investigation



<p>Preliminary findings:</p>	
<p>Identified root causes:</p>	

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



Section D. Review	
Review Date:	
Status:	<input type="checkbox"/> Open
	<input type="checkbox"/> More action required
	<input type="checkbox"/> Closed effectively
Outcomes:	<input type="checkbox"/> Run training
	<input type="checkbox"/> Review/update the <i>Risk Register</i>
	<input type="checkbox"/> Review relevant processes/policies & procedures
	<input type="checkbox"/> Create a new procedure
	<input type="checkbox"/> Other(s): _____
Comments:	

Section D. Notification	
Referred to NDIS Commission or other government body:	<input type="checkbox"/> Yes – If “Yes” date: _____
	<input type="checkbox"/> No
Complaint resolved?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Results communicated to the participant and other relevant stakeholders?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Comments:	



Section E. Signature	
Full Name:	
Date:	
Signature:	