# Feedback and Complaint Form

## Person Centred Services is committed to ensuring that any person or organisation using our services or affected by Person Centred Services operations can provide feedback and has the right to lodge a complaint or to appeal a decision of the organisation.

Person Centred Services welcomes feedback and will use it as an opportunity to continually review and improve the services and supports we provide.

**Would you like to provide feedback or make a complaint? (Please tick the appropriate box)**

[ ]  **Provide feedback.**

[ ]  **Make a complaint.**

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## Part A – Which client or person does this feedback or complaint relate to?

You can choose to provide anonymous feedback if you prefer. Where your feedback or complaint relates to a specific incident or event, providing feedback anonymously may prevent Person Centred Services from being able to clarify of fully investigate any concerns fully.

**Full Name:** Click here to enter text.

**NDIS Number (if available):** Click here to enter text.

## Part B- About you (if different to above)

| **Fill in this box if you are complaining on behalf of someone else** |
| --- |
| Name of person: Click here to enter text.What is your relationship to that person? Click here to enter text.Does the person know you are making this complaint? Choose an item.Does the person consent to the complaint being made? Choose an item. |

| **Fill in this box if someone is assisting you with the complaint – for example a family member, your nominee or representative.** |
| --- |
| Name of representative: Click here to enter text.Organisation: Click here to enter text.Postal Address: Click here to enter text.**Contact Numbers**Business: Click here to enter text.Mobile: Click here to enter text.Fax: Click here to enter text. TTY: Click here to enter text.Email: Click here to enter text.My preferred contact is: Choose an item. |

**Part C – Your feedback or complaint**

| **What is your feedback or complaint about?**Provide some details to help us understand your feedback or concerns. You can include what happened, where it happened and who was involved or the decision made by Person Centred Services that you are unhappy about.  |
| --- |
| Click here to enter text. |

**Part D – Who is your complaint about?**

**Does your feedback or complaint relate to a specific person or service?**

[ ]  **Yes (Please provide details below)**

[ ]  **No (Please go to Part E)**

| Name of the person, or service about whom you are complaining |
| --- |
| Name or service: Click here to enter text.What is this person’s/organisation’s relationship to you? Click here to enter text. |

**Part E – What needs to happen to address your feedback or complaint?**

| **What outcomes are you seeking?** |
| --- |
| Click here to enter text. |

**NOTE:** If you want to provide feedback or to complain about more than one person, please provide this additional information on an extra page.

**Part F – Further information**

| **Supporting information**Please attach copies of any documents that may help us investigate your complaint (for example letters, references, emails). If you cannot do this, please tell us what you think we should obtain. |
| --- |
| Click here to enter text. |

[ ] Please check this box to consent to Person Centred Services providing information to a third party (e.g. a Provider or another jurisdiction) to resolve your issue.

Email your form to: mailto:david@personcentred.com.au?subject=Feedback or complaint - Person Centred Services

or post to Person Centred Services at the address listed on our website

or provide the form directly to a Person Centred Services staff member

**Complaint Management Policy:**

You can view Person Centred Services Complaint Management Policy on our website