



Compliment/Complaint Record

Date Received
____/____/____

Date Acknowledged
____/____/____

Date Manager Notified
____/____/____

Date Investigation Outcomes Due
____/____/____

Date referred to NDIS Commission if applicable
____/____/____

Compliment or/Complainant

Contact Details

Anonymus NDIS Participant Advocate Informal decision maker

Progress updates given: ____/____/____, ____/____/____, ____/____/____

Date Investigation Outcomes communicated ____/____/____

Decision review options communicated ____/____/____

Outcome Appealed date ____/____/____ Date Complaint Closed out ____/____/____

Date Outcomes listed for Management meetings ____/____/____

Compliment/Complaint Details – formally **ACKNOWLEDGE** receipt verbally and electronically

Impacts: Important ALWAYS refer **NDIS (Procedural Fairness) Guidelines 2018**

Provision of Service or Supports Specific Worker (involves procedural fairness – Provision of Service or Supports that incidentally identifies worker.

Outline the description given of impact on the person affected directly or indirectly as a result of the complaint

Outline the communicated, desired outcome of the person/s affected, in relation to the complaint

Details of **ANSWERS** provided if not a matter to be investigated OR progress updates given if lengthy investigation required (include date given in notes and top of this page):



ACTION - Issues Discussed – Investigation

Attach additional notes or documents if required

Investigation Outcomes

Attach additional notes or documents if required

Decision Made

Reasons Decision Made

Options to have decisions reviewed provided to affected persons ___/___/___ (refer Compliments & Complaints Management & Resolution Procedure for process)

Other Comments

Signatures of parties involved with conversation and agreed outcomes

Reinforce – Complaint will be kept confidential and only disclosed in appropriate circumstances – i.e. legal requirement or separate written approval provided for non legal requirements.

Name	Organisation/Position	Signature	Date
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This record must be kept for 7 years from the date the record was made. Must be provided to Commission or quality auditor if requested.