Form: Complaint and Feedback (Paper Version)

All complaints or feedback lodged in relation to a staff member of Achieve Australia, or a service provided by Achieve Australia will be managed in confidence.

If you wish to give us feedback you are welcome to remain anonymous. However, we may not be able to provide an update to you or request your feedback about our complaint and feedback process if you decide to remain anonymous.

You can also lodge a complaint online via the Achieve Australia website [www.achieveaustralia.org.au](http://www.achieveaustralia.org.au). If the matter is urgent or if you prefer to speak directly to someone, you can call Achieve Australia on 1300 22 44 38 and your call will be transferred to Quality Team for a confidential discussion.

Once you complete this form you can either hand it to an Achieve Australia staff member, post it to the address below or email us at qualityteam@achieveaustralia.org.au

Quality Team

Achieve Australia

1 Epping Road

North Ryde

NSW 2113

If you would like to speak to someone outside of Achieve Australia, please contact Your Call, our third-party complaint hotline on 1800 950 687 during business hours.

Alternatively, for more information on lodging a complaint with the NDIS Quality and Safeguards Commission please visit our website [www.achieveaustralia.org.au](http://www.achieveaustralia.org.au).

Once we receive your complaint or feedback, we will begin our resolution process within 48 hours.

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| --- | --- | --- |
| Are you an Achieve Australia staff member who is completing this form after receiving a complaint from someone?  | Yes [ ]  | No [ ]  |
| Is the person aware that you are submitting this information on their behalf? | Yes [ ]  | No [ ]  |

Section A - Client Details

*If your complaint is not regarding an Achieve Australia client, please skip to Section B*

|  |  |
| --- | --- |
| Client’s Full Name |  |
| Client’s Address |  |
| Contact No  |  |

Section B – Details of the person making the complaint (complainant)

*If you prefer to remain anonymous, please skip to Section C*

|  |  |
| --- | --- |
| Full Name  |  |
| Phone Number |  |
| Email |  |
| Relationship to the client | I am the client  |[ ]
|  | Immediate or extended family  |[ ]
|  | Friend or Advocate  |[ ]
|  | Legal Guardian  |[ ]
|  | Agency or Service Provider  |[ ]
|  | Neighbour  |[ ]
|  | Member of the public |[ ]

Section C – Details of the complaint

*Please be as specific as possible about your concerns as this will help us to resolve your complaint and add extra pages if you need more space.*

|  |
| --- |
|  |

Have you taken any steps to resolve this matter? (If Yes, please explain)

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| --- |
|  |

What outcome are you seeking from making this complaint?

|  |
| --- |
|  |

Do you have any supporting documents you can provide us?

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|  |

* Thank you for taking the time to advise us of your concerns and/or give us feedback.
* Once we receive this form, we will begin our assessment and we will call or email you within 48 hours if you have given us your details.
* We will discuss with you how your complaint is progressing regularly.
* Once we have resolved your complaint, we will give you an opportunity to provide your feedback about our complaints and feedback process.