

DESIGNER LIFE NDIS SERVICE COMPLAINT FORM



Registered NDIS Provider
REGISTRATION ID: 4-F2PW202

Date:

Part A – About me

Full Name:

NDIS Number:
(if available)

Part B – About the complainant (IF DIFFERENT TO ABOVE)

Fill in this box if you are complaining on behalf of someone else.

Name of person:

What is your relationship to that person?

Does the person know you are making this complaint?

Does the person consent to the complaint being made?

Fill in this box if someone is assisting you with the complaint – for example a family member, your nominee, or a representative.

Name of representative:

Organisation:

Postal Address:

Contact Details:

Business:

TTY:

Mobile:

Email:

Preferred method of contact?

Part C – Your complaint

What is your complaint about?

Provide some details to help us understand your concerns. You can include what happened, where it happened and who was involved, or the decision made by the Agency that you are unhappy about.

Part D – Who is your complaint about?

Name of the person, or service about whom you are complaining (the respondent or the Agency person who made the decision)

Name/Organisation:

Address:

Contact Details:

Home:

Mobile:

Business:

TTY:

Email:

What is this person's/organisation's relationship to you?

What outcomes are you seeking?

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

Part E – 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.

Have you made a complaint about this to another agency?

(For example: a disability service or equal opportunity agency, Health Care Complaints Commission, Ombudsman.)

If Yes, please provide details of the agency to which you made your complaint and any outcome. Please also attach copies of any letters you have received from that agency.

Please check this box to consent to Designer Life providing information to a third party (e.g., a Provider or another jurisdiction) to resolve your issue.

Return this form to Designer Life by:

Email: ndis@designerlife.com.au

Mail: Designer Life, PO Box 70, Strathpine QLD 4500

Or drop your form off at any Designer Life office.

