

Compliments and Complaints Feedback

At Coordination and Care Services we are always interested in your feedback regarding our services and support for NDIS participants. Please provide us with some details regarding your situation and we will follow through on any improvement ideas.

Any information provided is treated confidentially and it's up to you if you want to provide your details and any feedback.

Your Feedback	
Do you require an advocate or interpreter?	<input type="checkbox"/> Yes – Advocate / Interpreter / Both <input type="checkbox"/> No
What is your Feedback about? Please provide some details to help us understand the situation which prompted you to provide feedback. You should include what happened, where it happened, time it happened and who was involved or any details you think are important.	

Optional - Fill in the details of the person who is providing feedback	
Name of Person	
Address	
Phone	
Email	
My preferred contact method is:	
Would you like us to give you feedback?	
If you are providing feedback on behalf of another person, please provide their details: <ul style="list-style-type: none"> • Name • Phone • Email 	

Any documentation that can help our understanding.

Supporting Information:

Please attach copies of any documentation that may help us to investigate your complaint/feedback for example, letters, references, and emails.

What outcomes are you seeking as a result of the feedback?

OFFICE USE ONLY

Complaint received by	
Date received	
Action taken or required (I.e. what will be done, who will do it, when will it be done by, progress and outcome, action and implementation, referred to another body)	
Date action completed	
Added to Complaints & Compliments Register	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	