**Complaint Form**

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| 1. **Information for complainants**
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| Before lodging a complaint, please contact the relevant INTERACTION staff to discuss your concern. Where possible, they will take steps to resolve the matter directly with you. |
| If you require support to record your complaint, please contact INTERACTION on 1300 668 123, where a staff member can assist you. |
| Once you have lodged the complaint, it will be referred to the relevant staff who will investigate your complaint and contact you to discuss your desired outcome. |
| During the investigation, the relevant staff may contact you to obtain additional information in regards to the complaint. |
| 1. **Personal details – Please leave blank if you would like to remain anonymous**
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| Title: 🞎 Mr 🞎 Mrs 🞎 Ms 🞎 Miss 🞎 Male 🞎 Female  |
| Surname: |
| First name: |
| 1. **Contact details**
 |
| Current residential address: |
| Mailing address (if different to residential address): |
| Daytime contact number: Mobile phone number: |
| Email address: |
| Preferred Contact Method: 🞎 Telephone 🞎 Letter 🞎 Email  |
| 1. **Complaint details**
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| Nature of complaint🞎 Staff service/ support 🞎 Insufficient support 🞎 Facilities 🞎 Unsuccessful resolution🞎 Implemented plans 🞎 Other service/ support 🞎 Other |
| Have you reported your complaint to any other agency, such as NDIS Quality and Safeguards Commission? 🞎 Yes 🞎 No If yes, to whom: |
| Have you lodged a complaint about this issue before? 🞎 Yes 🞎 No If yes, when: |
|  |
| 1. **Complaint summary**
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| Please outline what happened, when it happened, where it happened and who was involved? If necessary attach an extra page to outline the complaint or any further documentation that supports your complaint.What is your expected outcome?  |
| 1. **Acknowledgement**
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| All of the information provided above is true and correct to the best of my knowledge.Signature Date |
| 1. **Lodgement**
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| The completed form can be lodged in the following ways:Mail: Interaction Disability Services PO Box 7020  Baulkham Hills BC NSW 2153In person: Interaction Disability Services Unit 6, 16 Lexington Drive, Bella Vista NSW 2153Email: info@interactionservices.org |
| 1. **Internal use only**
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| Staff managing complaint: |
| Position:  | Date received: |
| Complaint lodged: 🞎 Telephone 🞎 In person 🞎 In writing |
| Notes: |