Complaint Reporting Form

Date of report:	
Name of person reporting:	
Name of Manager receiving report:	
Was support offered to the person making the complaint?	

How this complaint came to the attention of planHELP:

Date of incident / event relevant to the complaint:

Details of the complaint: (detail if multiple accounts are provided who is reporting and when)

PO Box 3020
Valentine NSW 2280
www.planhelp.com.au
info@planhelp.com.au
0400 817 223
ABN: 89 633 331 049

Complaint Reporting Form

Follow up and next actions:

Date	Details	Staff member

Were supports continually provided throughout the resolution process? Yes / No / Declined
Was the person supported to access another service? Yes / No / Declined
Name of alternative Provider: Date of referral:

Agreement of resolution: _____(Date)

_____ _____

Signed by person making complaint Signed by staff member

_____ _____

Name of person making complaint Name of staff member

Was the complaint referred to the NDIS Quality and Safeguards Commission? Yes / No
Date of referral:
Details of follow up from the NDIS Quality and Safeguards Commission:
Date:
Name of person completing report:
Signature:

PO Box 3020
Valentine NSW 2280

www.planhelp.com.au
info@planhelp.com.au

0400 817 223
ABN: 89 633 331 049