

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)

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 an independent advocate? 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: