

## Feedback and Complaints Form

Independent Nurses Australia | ABN 81 675 482 210

---

We welcome all feedback, including complaints and compliments. If you have a complaint or concern about your current NDIS supports or services provided by Independent Nurses Australia Pty Ltd, it is important to talk about it. Fill out this complaint form below, and we will respond to you within three business days.

We will endeavour to keep the information provided in your complaint confidential, unless required by law.

If you wish to make a complaint anonymously, you can do so:

- (a) by calling us on 0475 332 221 and stating that you wish to make an anonymous complaint (so we don't ask you to identify yourself); or
- (b) by filling out this Feedback and Complaints Form, but not including your personal details in the table below as these may identify you, and post it to PO Box 331, Helensvale QLD 4212.

### 1. Please provide the following information:

|                      |                                                                                 |
|----------------------|---------------------------------------------------------------------------------|
| <b>Date</b>          |                                                                                 |
| <b>First name</b>    |                                                                                 |
| <b>Last name</b>     |                                                                                 |
| <b>Telephone</b>     |                                                                                 |
| <b>Email address</b> |                                                                                 |
| <b>I am a</b>        | Participant / Family member or friend / Advocate / Carer / Staff member / Other |

### 2. Are you making this complaint on behalf of a person with a disability?

☐ Yes

☐ No

### 3. Do you require any help with communication? e.g. Interpreter or National Relay Service?

☐ Yes

☐ No

## Feedback and Complaints Form

Independent Nurses Australia | ABN 81 675 482 210

|                                                              |  |
|--------------------------------------------------------------|--|
| <b>If you require assistance,<br/>please provide details</b> |  |
|--------------------------------------------------------------|--|

### 4. Please provide details of your complaint.

*Details such as date and time the incident(s) occurred, outline of the issues involved*

|                                               |  |
|-----------------------------------------------|--|
| <b>Details of your<br/>feedback/complaint</b> |  |
|-----------------------------------------------|--|

### 5. Please advise your desired outcome as a result of raising this concern/providing this feedback?

### 6. Agreement

I agree that the information provided in this Feedback and Complaints Form is true and correct:

## Feedback and Complaints Form

Independent Nurses Australia | ABN 81 675 482 210

---

---

*Signature*

### 7. To make a complaint to the NDIS Quality and Safeguards Commission:

- Phone: 1800 035 544 or TTY 133 677 (Interpreters can be arranged)
- National Relay Service and ask for 1800 035 544
- Visit <https://www.ndiscommission.gov.au/about/complaints> and fill out a complaint contact form

The NDIS Commission can take complaints from anyone about:

- NDIS services or supports that were not provided in a safe and respectful way
- NDIS services and supports that were not delivered to an appropriate standard

### 8. Internal Use Only

|                                                                |  |
|----------------------------------------------------------------|--|
| Complaint Manager of person responsible for managing complaint |  |
| Included in the Complaints Register?                           |  |
| Reference number                                               |  |