

## Complaints and Feedback Form

We appreciate any suggestions, complaints, and comments. To do so, you can speak to your advocate to complete this form. **All information is strictly confidential.** We encourage you to make your complaint in writing. Please allow approximately one week for a response.

You can submit this form the following ways:

E: [care@4ways.com.au](mailto:care@4ways.com.au)

A: PO Box 5241, Studfield, VIC 3152

Or you can phone us on 0435 002 376

You may also like to make a complaint directly to the NDIS Quality and Safeguard Commission

Phone: 1800 035 544 or online at: [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)

### Personal Details

This information will be used to contact you - If you wish to remain anonymous, please leave blank.

Family name:		First name:	
Email:		Mobile number:	

### Complaint and Feedback History

Have you lodged a complaint or feedback with this service before?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the matter satisfactorily resolved?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Details of the Complaint/ Feedback

Is there someone (legal representative/support person) that you would like involved in making this complaint?	
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Yes ☐

Contact details:

No ☐

Date complaint/ feedback submitted		Date situation occurred?	
Where did it happen?			
Who was Involved?			



## 4 Ways Support

Were there any witnesses?

Yes / No (Please circle your response)

If yes, please list the witnesses' full names as well as a contact number for each.

Have you spoken to someone about what happened?

Yes ☐

No ☐

## What was the outcome?

What was the reason you were unable to discuss the matter with the other person?

## Resolution

How would you like this complaint resolved?

Please attach documents that may be of assistance in handling the complaint:

Signature:

Date:    /    /

Office Use

Directors or Delegate Representative Sign off:

Signature:

Date: