

Feedback and Complaints Form

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Anyone can use this form: a participant, family, advocate, worker or member of the public. You do not have to give your name. Using this form will not change the supports you receive.

Email admin@quantumcare.com.au or hand this to a worker. If you are not satisfied you can contact the NDIS Quality and Safeguards Commission on 1800 035 544.

Name (optional)	Date
Phone / email (optional)	Preferred contact method

I am a

☐ Yes Participant

☐ Yes Family / representative

☐ Yes Worker

☐ Yes Other

This is a

☐ Yes Compliment

☐ Yes Suggestion

☐ Yes Complaint

☐ Yes Mixed

How are we doing?

Tick [X] Yes in one rating column.

	Poor	Fair	Okay	Good	Excellent
We listen to you	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
We do what we agreed	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
You feel respected	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Information is clear	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Overall	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes

What happened / what would you like us to do?

May we contact you about this? ☐ Yes ☐ No

Office use only

Received by	Date received
Acknowledged by (target 2 business days)	Date
Action taken and outcome	



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Closed by	Date closed

Log this on the Complaints and Feedback Register. If it is also an incident, complete the Incident Report.