At Achieving Abilities, we try to make it easy for you to directly provide us with feedback, compliments, or a complaint. You can do this at www.achievingabilities.com.au/feedback . However, we understand that sometimes you may prefer to make a complaint directly to a governing organisation or agency.

This form is for Achieving Abilities NDIS clients who with to make a complaint directly to the NDIS Quality and Safeguards Commission. NDIS clients can complete this form and send it the following ways:

● email: feedback@ndis.gov.au

● post: National Disability Insurance Agency, GPO Box 700, Canberra ACT 2601.

● drop off: any National Disability Insurance Scheme office location

Alternatively, an NDIS participant can make a complaint direct to the NDIS Commission because they feel unsatisfied with our internal handling of their complaint, or if they do not feel comfortable lodging directly with us, they can do so by:

* Phoning: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged.
* National Relay Service and ask for 1800 035 544.
* Completing a *Complaint Contact Form* available on the NDIS Commission website [www.ndiscommission.gov.au/](http://www.ndiscommission.gov.au/)

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| Achieving Abilities client name: |
| NDIS number: |
| **Fill in the information below if you are completing this form on behalf of an Achieving Abilities client** |
| Your name:Relationship to the client: Does the client know you are making this complaint?Does the client consent to the complaint being made? |
| **Fill in the information below if someone is assisting you to make the complaint e.g a family member, your nominee, or representative**  |
| Name of person assisting with the complaint:Organisation (if applicable):Email:Contact number:  |
| Details of the person/organisation you are making a complaint about: |
| Name of organisation: Achieving AbilitiesName of person:Address: 307 Payneham Road, Royston Park SA 5070 Contact number 0431 048 684Email: lauren@achievingabilities.com.auWhat is the person/organisation’s relationship to you? |
| What is your complaint about? ☐ Staff member ☐ Service Delivery ☐ Facilities ☐ OtherWhat happened? Please include the date and who was involved.Have you discussed the matter with the person/s involved?☐ Yes ☐ NoIf yes, what was the outcome, if any?If no, is there any reason/s that you cannot do so? Do you need help to do this? E.g safety reasons, cultural reasons  |
| How would you like to see your complaint resolved?What action would you like Achieving Abilities to take to resolve your complaint? |
| **Supporting information** |
| Please attach copies of any documents that may help us investigate your complaint (for example references, emails). If you cannot do this, please tell us what you think we should obtain. |
| Have you made a complaint about this to another agency? (please circle)YES/NOIf yes, please provide details of the agency to which you made your complaint and any outcome. Please also attach copies of any letters you have received from that agency. |

Please tick this box to consent to the National Disability Insurance Agency providing information to a third party (E.g a Provider or another jurisdiction) to resolve your issue.

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