

PARTICIPANT COMPLAINT FORM

As a registered NDIS participant, you have the right to make complaints about our support and services at any time. If Emily's Hope has not met your expectation, we encourage you to tell us so that we can resolve this swiftly.

Complaints can be made in 3 ways by:

- 1. Completing this form and emailing to <u>admin@emilyshope.com.au</u>
- 2. Speaking with your Support Coordinator or another member of staff
- 3. Speaking with either of the Directors of Emily's Hope

All information is strictly confidential and subject to Emily's Hope Privacy Policy. You can access our Protecting your Privacy document from our website: <u>www.emilyshope.com.au</u> OR ask us and we can forward you a copy on request in a format that you require.

Emily's Hope will handle your complaint fairly and in accordance with NDIS Provider complaints management and resolution system requirements.

Emily's Hope encourage you to make your complaint in writing using our form as this enables us to act on the complaint fully. We will be respectful and responsive:

- Emily's Hope will acknowledge your complaint within 24 hours and provide a response within 7 working days.
- Some complaints may take longer to investigate fully and resolve. If so, we will advise of the expected timeframe and steps being taken within the 7 working day response.

Emily's Hope encourage participants to have a support person help you make a complaint and be part of the resolution process.

Anyone can choose to remain anonymous when making a complaint. We will still resolve the complaint. When remaining anonymous, please be aware that this may impact informing you of the specific steps taken to resolve the complaint.

Contact Details

The information you provide will be used to contact you. If you wish to remain anonymous, please leave this section blank.

Name (first name & surname)	
Email	
Mobile	
Phone No.	
Postal Address	
NDIS No.	

A legal representative, independent advocate, or support person you would like involved in making this complaint.

Name (first name & surname)	
Email	
Mobile	
Phone No.	
Postal Address	



Details of the complaint

What is the complaint related		
to:	An Emily's Hope staff member	Name:
	Director of Emily's Hope	Name:
	Service delivery	Specific service:
What is the complaint about? Please provide as much detail as possible, including:		
What happened		
Where did it happen		
 When did it happen (date and, if possible, time) 		
 Who was involved (list all people involved including any witnesses). 		
• Are any witness willing to be contacted regarding the complaint? (If yes, please provide their contact details and make sure the witness knows they may be contacted by Emily's Hope to discuss the matter.)		
Do you have any documents you would like to share with us about the complaint?	Please attach to this forr	n.
Have you discussed the matter with the person/s involved?	If <u>yes</u> , what was the outo	come of this discussion, if any?
		n/s that you feel this is not possible? Do you need help to do ety reasons or cultural reasons?



Have you made a complaint about this matter with any other organisation (e.g., the NDIS Commissioner)?	Please provide details of the other organisation and any outcomes:
How would you like to see your complaint resolved? For example, what action would you like Emily's Hope to take to resolve your complaint?	

If you are complaining on behalf of someone else

Your Name (first name & surname)	
Name of the person you are acting on behalf of (optional)	Do not include their details here if they wish to remain anonymous.
Relationship with the complainant	
Does the complainant know you are making a complaint on their behalf?	
Has the complainant consented to the complaint being made?	
Email	
Mobile	
Phone No.	
Postal Address	

Signature Panel (optional)

Signature: _____ Date: __/ __/ ___

If you prefer to make your complaint in a different way, we welcome you:

- Talking with us face-to-face just let us know and we will arrange this.
- By calling us by phone.
- By sending an email.
- By sending a text message.
- Through your preferred Augmentative or Alternative Communication device or method. •

To protect your privacy, we do not recommend using social media like Facebook, Twitter or Instagram to make a complaint. If, however you choose to make a complaint this way, we will still treat this complaint and follow our complaints procedures.



COMPLAINTS

THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS) THE NATIONAL DISABILITY INSURANCE AGENCY (NDIA)



National Disability Insurance Commission

Phone: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged. <u>National Relay Service</u> and ask for 1800 035 544. Completing a <u>complaint contact form</u>.

National Disability Insurance Agency (NDIA)

Phone: 1800 800 110 Email: <u>feedback@ndis.gov.au</u>

Administrative Appeals Tribunal (AAT)

Phone: 1800 228 333 Email: <u>generalreviews@aat.gov.au</u>

Complaints about state service providers

Dept of Communities, Child Safety & Disability Services

Phone: 1800 080 464 Email: <u>feedback@communities.qld.gov.au</u>

Queensland Ombudsman

Phone: 07 3005 7000, or 1800 068 908 (outside Brisbane metro) Website: <u>www.ombudsman.qld.gov.au</u>

Fair Trading Queensland

Phone: 13 74 68 Website: www.qld.gov.au/law/fair-trading

Commonwealth Ombudsman

 Phone:
 1300 362 072

 Email:
 ombudsman@ombudsman.gov.au

 Website:
 www.ombudsman.gov.au

If you have any doubt about what action to take, please call us and we will guide you through the process:

07 | 4426 8700 07 | 3155 6559

Interpreters, support, and advocates can be provided to help you through the process.