

PARTICIPANT COMPLAINT FORM

As an 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.

You can make a complaint in any way that works for you, including by completing this form, email, phone, text message, speaking with an Emily's Hope Team Member, or using your preferred communication method.

- You can complete this form and email it to: feedback@emilyshope.com.au
- You can speak with your Support Coordinator or another member of staff
- You can speak with either of the Directors of Emily's Hope

Information about your complaint will be handled confidentially and in accordance with Emily's Hope's Privacy Policy and applicable legal requirements. Information may be shared where required or authorised by law, including where necessary to protect someone from harm.

You will not be disadvantaged, treated differently or have your supports affected because you make a complaint or assist someone else to make a complaint.

You can access our Protecting your Privacy document from our website: www.emilyshope.com.au 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 aims to acknowledge your complaint within 24 hours and provide a response or progress update 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 form.
Have you discussed the matter with the person/s involved? (Optional — you do not need to do this before making a complaint.)	If <u>yes</u>, what was the outcome of this discussion, if any? If <u>no</u>, is there any reason/s that you feel this is not possible? Do you need help to do this, for example for safety reasons or cultural reasons?
Have you made a complaint about this matter with any other organisation (e.g., the NDIS Quality and Safeguards Commission)?	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 participant know you are making a complaint on their behalf?	
Has the participant consented to you making this complaint on their behalf, where appropriate and possible?	
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 or other public online platforms 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 PATHWAY

NDIS participants - who to contact and when

YOUR CONCERN	FIRST STEP / OPTION	IF YOU NEED FURTHER REVIEW
Complaint about an NDIS provider or worker	You may raise the concern with the provider if you feel comfortable OR contact the NDIS Quality and Safeguards Commission directly.	If you are unhappy with an NDIS Commission complaint decision, you may ask the Commission to reconsider it. The Commonwealth Ombudsman can review how the Commission handled your complaint.
Complaint about the NDIA's service, actions or processes	Contact the NDIA and make a complaint or provide feedback.	If you remain unhappy with how the NDIA handled the complaint, you may contact the Commonwealth Ombudsman.
Not satisfied with a reviewable NDIA decision about your NDIS plan or funding	Ask the NDIA for an internal review of the decision within the timeframe stated in your decision letter.	If you are dissatisfied with the internal review decision, you may apply to the Administrative Review Tribunal (ART), where the decision is reviewable.

Important: You do not have to complain to Emily's Hope first before contacting the NDIS Quality and Safeguards Commission. Complaints to the Commission can be anonymous or confidential.

Current external contacts

NDIS Quality and Safeguards Commission Provider/worker complaints and safeguarding concerns Phone: 1800 035 544 TTY: 133 677 National Relay Service: ask for 1800 035 544 Report an issue online	National Disability Insurance Agency (NDIA) NDIA feedback, complaints, plan/funding enquiries Phone: 1800 800 110 Feedback and complaints
Administrative Review Tribunal (ART) Review of eligible NDIA internal review decisions Phone: 1800 228 333 Email: reviews@art.gov.au NDIS reviews at the ART	Other complaint bodies Commonwealth Ombudsman: 1300 362 072 - complaints about Australian Government administration Queensland Ombudsman - complaints about Queensland public agencies Office of Fair Trading Qld: 13 74 68 - consumer complaints about goods/services Queensland Fair Trading

Need help choosing the right pathway? Emily's Hope can help you understand your options. You may also ask a family member, friend, advocate, interpreter or communication support person to assist you.
Emily's Hope: 07 4426 8700 | 07 3155 6559 | enquiries@emilyshope.com.au