LiFT Supports ABN 35 642 169 122

Feedback and Complaints Form



If you have a concern or complaint about your current NDIS support or services provided by LiFT Supports, it's important to talk about it. Fill out this complaint form below and we will respond to you within 3 business days.

We will take reasonable steps to ensure that information provided in a complaint and during any complaints process is **kept confidential** and only disclosed if required by law or if the disclosure is otherwise appropriate in the circumstances.

A complaint may be made on an anonymous basis. You can make an anonymous complaint:

- (a) by calling us on 0427 182 459 and stating that you wish to make an anonymous complaint (so we don't ask you to identify yourself); or
- (b) by filling out this Feedback and Complaints Form but not including your name and the other details in the table below as these may identify you and post it to P.O Box 3182, Grovedale 3216.
- 1. Please provide your details:

Today's date

Name				(optio
Telephone	(optional)	Email		
I am a (Participant / Family member or friend / Advocate / Carer / Staff Member / Othe)				
Are you making this comp	laint on behalf of a pers	son with	a disability? *	
C Yes				
C Yes				
C No	ith communication or a	ny other	form of support? e.g Interpret	er?
C No	ith communication or a	ny other	form of support? e.g Interpret	er?
No Do you require any help w	ith communication or a	ny other	form of support? e.g Interpret	er?
Yes No No Do you require any help w	ith communication or a	ny other	form of support? e.g Interpret	er?

4. Please provide details of your complaint.

Details of your feedback/complaint	(Please attach further pages to this form if your description does not fit in the box)		

Approved By: Key Ma	anagement Personnel	Version	1
Approval Date:	January 2023	Next Scheduled Review	January 2025

Complaints Register?

Reference Number



5.	Please advise what you would like to happen as a result of providing this feedback or raising a concern?				
6.	Agreement				
I agre	ee that the information included	in this Feedback and Complaints Form is true and correct:			
Signa	nture				
7.	Rights to access advocate	s			
	an advocate or representati	family, a friend or an independent advocate in making a complaint. If you require, please let us know and we would be pleased to cooperate with, and facilitates (including independent advocates) and other representatives.			
8.	 National Relay Serv 				
	form. The NDIS Commission can services or supports services and support	take complaints about: that were not provided in a safe and respectful way ts that were not delivered to an appropriate standard			
9.	More informationFact sheet: How to result of the video: Understanding	g complaints gement Resolution Guidance provides more detailed information about the NDI			
10.	Internal Use Only				
	Person responsible for managing complaint				
	Included in the				

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