

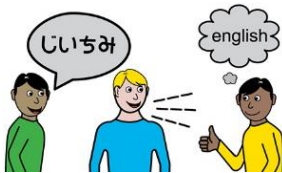


 Client Name: \_\_\_\_\_

 Address: \_\_\_\_\_

 Phone / TTY: \_\_\_\_\_

 Email: \_\_\_\_\_



Do you require an interpreter?  Yes  No

What Service is your complaint about? (Personal Care, Community Access, etc):

\_\_\_\_\_

 **What is your complaint? (What made you unhappy?):**

 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**What would you like to happen?**



**(What do you want AGAPI Care to do about your complaint?):**

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**PRIVACY STATEMENT**

AGAPI Care is committed to protecting your privacy. This commitment arises not only from a wish to comply with legal obligations but also in recognition of and commitment to information privacy as one of the foundations of human dignity. AGAPI Care will collect and handle personal information that you provide on this complaints form for the purpose of investigating and responding to your complaint. We will only use your information in accordance with relevant privacy and other laws. You can request access to your personal information from the Manager Client Services.



<b>Client Name:</b>	
<b>Client Signature (where possible):</b>	
<b>Guardian/Nominee Name:</b>	
<b>Guardian/Nominee Signature:</b>	
<b>Date:</b>	

## How you can make your complaint:



**Post:** AGAPI Care Inc  
Feedback & Complaints  
537 High Street, Preston VIC 3057

**Online:** [www.agapicare.org.au/feedback](http://www.agapicare.org.au/feedback)

**Email:** [feedback@agapicare.org.au](mailto:feedback@agapicare.org.au)



**Phone:** 03 9471 1231

**Fax:** 03 9471 1027

## You can also talk to:

### NDIS Commissioner

**Online:** [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)

**Phone:** 1800 035 544 (Interpreters can be arranged)  
TTY 133 677



### NDIA or Commonwealth Ombudsman

**Online:** [www.ombudsman.gov.au](http://www.ombudsman.gov.au)  
[www.ndis.gov.au](http://www.ndis.gov.au)

**Phone:** 1800 800 110

#### Office Use Only:

Date Complaint Received: \_\_\_\_\_ Received by (circle one): Post Phone Email Fax

Name of person making complaint: \_\_\_\_\_

Date assessed: \_\_\_\_\_ Date complaints register updated: \_\_\_\_\_

Date Acknowledged (to client/family): \_\_\_\_\_ Method of Response: Post Phone Email Fax

Action Plan required

Manager's Name: \_\_\_\_\_ Manager's Signature: \_\_\_\_\_

Escalated to: \_\_\_\_\_ Date: \_\_\_\_\_

Comments / Notes

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