

Please complete this form if you have a complaint about AGAPI Care services.

Due to AGAPI Care’s ongoing commitment to providing the best possible services to our clients, we welcome your feedback, to allow us to achieve and maintain the high standards we set for the organisation.

If you require assistance to complete this form or you require an advocate, please contact the Manager Client Services at Head Office on 9471 1231.

Do you require an interpreter? Yes No

Section 1 – CLIENT DETAILS

Please provide the details of the person who received the service/s at AGAPI Care Inc.

Client Name	
Address	
Phone (business hours) / Mobile	
Email Address	
Please tell us what assistance you need to communicate with us	

Section 2 – COMPLAINT MADE ON ANOTHER PERSON’S BEHALF

Please complete the following if you are making a complaint on behalf of a person with a disability who received services at AGAPI Care Inc.

Your Name	
Address	
Phone (business hours) / Mobile	
Email Address	
Your relationship to the person who received services at AGAPI Care <i>(eg parent, friend, advocate, carer etc)</i>	
Do you have a legal role for the person who reviewed services at AGAPI Care <i>(ie guardian, nominee, parent of child under 18 etc)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
Does the person know you are making a complaint on their behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide reason why:

Section 3 – YOUR CONCERNS

Please tell us what your main concerns are, including what events lead to making this complaint, approximate dates and who was involved. If you need more space to write your answers, please attached extra pages as required.

Service name the complaint is about eg STAA, SIL, In Home Support, Community Access etc

What is your complaint?

You can mention who was involved, what took place, where it took place, when did it happen, who else was present

What would you like to see happen about your complaint?

Please outline the things you want to happen to resolve your complaint

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.

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

YOU CAN SUBMIT A COMPLAINT VIA:

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

Online: www.agapicare.org.au/feedback

Email: feedback@agapicare.org.au

Phone: 03 9471 1231

Fax: 03 9471 1027

YOU CAN ALSO TALK TO:

NDIS Commissioner

Online: www.ndiscommission.gov.au

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

NDIA or Commonwealth Ombudsman

Online: www.ombudsman.gov.au
www.ndis.gov.au

Phone: 1800 800 110

