

Our service is committed to providing high quality care and services that meet your needs. We value your feedback – including complaints.

Please let us know where we can make improvements. Complaints are important to AGAPI Care. If you have a complaint, we will work with you to understand and address your concerns.

Date: _____

Do you wish to remain anonymous? Yes No

Do you need the help of an advocate or support person? Yes No

Section 1 – Your details

Do you require an interpreter? Yes No If yes, which language? _____

Name	
Address	
Phone (Business hours):	
Email Address	

Are you providing feedback on another person’s behalf? Yes No (go to section 4)

Section 2 – Complaint made on another person’s behalf

Please provide the following details about the person you are providing feedback for:

Name	
Address	
Phone (Business hours):	
Email Address	

Please state your relationship to the person on whose behalf you are acting (ie parent, friend, carer):

Are you a legal representative for this person? (ie guardian, nominee) Yes No

If yes, please provide details:

Does this person know you are making a complaint on their behalf? Yes No

If no, please provide reason why:

Section 3 – Consent to make a complaint on the other person’s behalf

If you are making a complaint on another person’s behalf, we require the consent of the other person (where possible). Please have the person sign the following statement:

I, _____ (client name) give permission to
 _____ (your name) to provide or collect relevant information
 on my behalf to assist with this complaint, as required.

Signature:	Date:
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If this person is unable to sign, please write “unable to sign” and list the reason (eg “due to disability”).

Section 4 – What service is your complaint relating to?

Name of the service: (ie STAA, Support Coordination, Community Access etc)	
Location of the service: (ie Head Office, Clayton House etc)	
Name of staff members relating to your feedback:	

Section 5 – Your concerns

Please tell us what your concerns are, including what events lead to making this complaint, approximate dates and who was involved.

Section 6 – What other action have you already taken in relation to this complaint?

Have you discussed this complaint with anyone else? Yes No

If yes, with whom, and what was the outcome?

Section 7 – What outcomes would you like as a result of this complaint?

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

Section 8 – Privacy

AGAPI Care is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for the purpose of investigating and responding.

AGAPI Care will only use your information in accordance with relevant privacy and other laws.

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 complaint 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.

Section 9 – Declaration

All information provided relating to this complaint is true and correct.

Signature:

Date:

You can submit a complaint via:

Post: AGAPI Care Inc
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 Quality & Safeguards Commission

Online: Complaint form via the website: www.ndiscommission.gov.au

Phone: 1800 035 544
Translating & Interpreting Service 131 450
www.relayservice.gov.au then 1800 035 544

NDIA or Commonwealth Ombudsman

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

Phone: 1800 800 110

If you need help, an Advocate can support you. Advocacy Support:

Disability Advocacy Finder

Email: disabilityadvocacy@dss.gov.au

Website: www.disabilityadvoavayfinder.dss.gov.au/disability/ndap

VALID – list of Victorian Advocacy Organisations:

Website: www.valid.org.au/list-victorian-advocacy-organisations

Phone: 03 9416 4003

NDIS Hotline: 1800 655 570