



Client Name: _____



Address: _____



Phone / TTY: _____



Email: _____



Do you require an interpreter?

Yes No

Do you need the help of an advocate or support person?

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?):



PRIVACY STATEMENT

- AGAPI Care is committed to protecting your privacy.
- AGAPI Care will protect your privacy because we understand that it is your right to be treated with dignity and respect.
- Any information you provide on this form will only be used to help us to respond to your complaint.
- We will only use your information in ways that are ok by the law.
- If you would like to see any of your private information held by AGAPI Care, you can ask our Manager Client Services.



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

How you can make your complaint:



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



Online: www.agapicare.org.au/feedback



Email: feedback@agapicare.org.au



Phone: Manager Client Services
03 9471 1231



Fax: 03 9471 1027

You can also talk to:

NDIS Quality & Safeguards Commission

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:

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

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

Comments / Notes

Manager Client Services Name: _____ Manager Client Services Signature: _____

Escalated to: _____ Date: _____