COMPLAINTS FORM

Fill in the details of the person who is making the complaint/providing feedback.	
Name of Person	
Address	
Phone	
Email	
Preferred contact method	
Yes/No	**I am making this complaint anonymously** 1.Please note that if you are making your complaint anonymously, we may be unable to respond to your complaint and inform you about our actions. 2. Leave the personal information sections blank if complaining anonymously.

If you are making the complaint/feedback on behalf of another person provide the following details.	
Your Name	
What is your relationship to the person?	
Does the person know you are making this complaint/providing feedback?	
Does the person consent to the complaint/feedback being made?	
Preferred contact method	

Who is the person, or the service about whom you are complaining or providing feedback about?	
Name	
Contact Details (if known)	

COMPLAINTS FORM

What is your Complaint/Feedback about? **Provide some details to help us understand your concerns. You should include what happened, where it happened, when it happened, and who was involved.**
Supporting Information: **Please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails).**

What outcomes are you seeking as a result of this complaint/feedback?

You can send this back to us by email at: **admin@faithfulfoundation.com.au**

Or by post to: **46 Saddlebred Way, Box Hill NSW 2756**

Complaints can also be made to NDIS Commission by phone 1800 035 544.

COMPLAINTS FORM

OFFICE USE ONLY	
Complaint Received By	
Date Received	
Action Taken or Required	
Date Action Completed	
Signature	