Complaint Report Form

Doc No: Form02	Version No: 02	Version Date: 26/06/2026

Your rights when making a complaint

- This form helps you make a complaint to DoAbility. You have the right to make a complaint and to be treated fairly.
- You can speak with the Manager or any staff member you choose, or complete this form.
- All information is strictly confidential and will be handled with respect.
- Making a complaint will not affect the services or supports you receive from us.
- If you would like help to complete this form, please ask any staff member or call us on 1300 122 355.
- We encourage you to make your complaint in writing. We will acknowledge it within 2 business days and aim to respond within ten (10) business days.
- You may also complain directly to the NDIS Quality and Safeguards Commission on 1800 035 544 or at www.ndiscommission.gov.au.
- Please attach copies (not originals) of any documents that may help us handle the complaint.

Making an anonymous complaint

☐ **I would like to make an anonymous complaint**

If you would prefer not to give your name, you can still make a complaint. You can:

- Call DoAbility on **1300 122 355**
- Fill in this form and post it to **Unit 2, 181 Rosamond Road, Maribyrnong 3032 VIC**

Note: if you choose to remain anonymous, we may be limited in how we can investigate or update you on the outcome.

Source: ☐ Participant ☐ Worker ☐ NDIS ☐ Other _____

Part A — About you	
Date	
Full name	
Address	
Phone no.	
Email	

Is there someone else (legal representative or support person) you would like involved in making this complaint? ☐ **Yes** ☐ **No**

Name of legal representative / support person:

_____

Part B — If you are complaining on behalf of someone else	
Name of person	
Your relationship to that person	
Phone no.	
Does the person know you are making this complaint?	☐ **Yes** ☐ **No**
Does the person consent to the complaint being made?	☐ **Yes** ☐ **No**

Part C — Your complaint

What is your complaint about? *Tell us what happened, where it happened and who was involved.*

Did someone witness what happened? *If they are willing to be contacted, give their name and details (let them know we may contact them).*

How can we help to fix this problem or complaint?

Signature: _____	Date: _____

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Please return this form to the office, post it to Unit 2, 181 Rosamond Road, Maribyrnong 3032 VIC, or email us.

Office Use Only	
I, _____ acknowledge receiving a Complaint Form submitted by _____ that has been allocated the registration number: _____	
Is this complaint confidential? ☐ **Yes** ☐ **No** If yes, who can see this complaint: _____	
Signature: _____	Date: _____