

COMPLIMENT & COMPLAINT FORM

At Inclusive Community Navigation your feedback is important to us so we can continue to provide a positive participant experience. Please complete the form below so we can address your concerns.

Data	
Date	
Date	

O Tick here if you wish to remain anonymous. This means that we will be unable to give you updates about your complaint. However, your compliment/complaint will be actioned in accordance with our complaints policy.

Please indicate if this is a;

Compliment	or	Complaint
Participant name		
NDIS #		
Contact number		
Email		
Preferred contact method	ł	

If you are filling out this form on behalf of someone else;

Your name	
Contact number	
Email	
Preferred contact method	
What is your relationship to the	
NDIS participant	
Does this person consent to making	
this complaint	

IF YOU ARE FILLING OUT THIS FORM AS A FAMILY MEMBER, PLAN NOMINEE OR REPRESENTATIVE;

Your name	
Contact number	
Email	
Prefered contact method	
WHAT IS YOUR COMPLAINT ABOUT?	



To help us understand your concerns please provide information about what happened, where it happened, and who was involved



What outcomes would you like as a result of providing your feedback?

Please share with us any positive experiences and/or feedback you have regarding our service

Please forward this form to info@inclusivecommunitynavigation.com.au once completed.

Upon submitting this form with Inclusive Community Navigation, you will receive a response within 7 days.