

FORM

Complaints and Feedback Form

Tell us about a complaint, a compliment or an idea to improve our services.

FOR	VERSION	EFFECTIVE	NEXT REVIEW
Participants, families, carers, advocates and anyone else	2.0	October 2026	October 2027

We welcome all feedback. Making a complaint will not affect the supports you receive. We will treat your information confidentially and handle your complaint fairly.

How to send this form

Complete this form and send it, with any supporting information, to our Complaints Manager:

Email	admin@axissupports.com.au (Canberra) or adminnsw@axissupports.com.au (Sydney)
Phone	1300 696 888. Ask for the Complaints Manager
Post or hand in	Canberra: Shop 6, 26-28 Winchcombe Court, Mitchell ACT 2911 Sydney: Shop 1, 5 George Street, North Strathfield NSW 2137
Website	axissupports.com.au

Our Complaints Manager will contact you after we receive your form, to talk about your concerns and the next steps. If you want to stay anonymous, use our Anonymous Complaints and Feedback Form instead.

Need help? You can ask a family member, friend or independent advocate to help you. Find an advocate with the Disability Advocacy Finder at askizzy.org.au. For an interpreter, call TIS National on 131 450. If you are deaf or have a hearing or speech impairment, use the National Relay Service and ask for 1300 696 888.

You can also contact the NDIS Quality and Safeguards Commission at any time:

- Phone 1800 035 544 (free from landlines), Monday to Friday, 9am to 5pm (ACT and NSW). TTY 133 677.
- National Relay Service: ask for 1800 035 544. Online: the Report an issue form at ndiscommission.gov.au
- Post: NDIS Quality and Safeguards Commission, PO Box 210, Penrith NSW 2751

1 Your details

Name

Address

Phone

Email

Preferred contact method

☐ Phone ☐ Email ☐ Post ☐ In person

Do you need an interpreter or other communication support?

☐ Yes ☐ No

If yes, what support or language?

2 If you are making this complaint or giving feedback for someone else

Their name

Your relationship to them

Do they know you are doing this?

☐ Yes ☐ No

Have they agreed to it?

☐ Yes ☐ No

3 What type of feedback is this?

Type

☐ Complaint ☐ Compliment ☐ Suggestion

4 Who or what is your feedback about?

Person or service

Their contact details

If known

5 What happened?

Please tell us what happened, where and when it happened, and who was involved.

6 Supporting information

Attach copies of anything that may help us look into your feedback, such as letters, emails or photos. List them here.

7 What outcome would you like?

We collect this information to manage your feedback and improve our services. We store it securely and handle it in line with our Privacy Policy and the Privacy Act 1988 (Cth).

Your name

Signature (optional)

Date

Office use only

Reference number

Received by

Date received

Date acknowledged

Could this be a reportable incident?

☐ Yes ☐ No

If yes, follow the Incident Management Policy

Action taken or required

Continuous improvement

If relevant

Outcome given to complainant

Date and how

Recorded in complaints register

☐ Yes

Date closed

Complaints Manager name

Signature

Date