FORM

Anonymous Complaints and Feedback Form

Use this form if you want to give feedback or make a complaint without giving your name.

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

Do not write your name on this form or on the envelope. Because we will not know who you are, we cannot contact you about what happens next. If you would like us to keep you updated, use our Complaints and Feedback Form instead. We will keep your details confidential.

How to send this form

- Post it in the reply-paid envelope from your intake pack, if you have one.
- Or post it, or drop it in, to either office:
  Canberra: Shop 6, 26-28 Winchcombe Court, Mitchell ACT 2911
  Sydney: Shop 1, 5 George Street, North Strathfield NSW 2137
- Sending this form by email or through our website may show who you are.

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. The Commission also accepts anonymous complaints:

- 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

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1 Who or what is your feedback about?

Person or service

Does the person know you are doing this? ☐ Yes ☐ No ☐ Not sure

2 What type of feedback is this?

Type ☐ Complaint ☐ Compliment ☐ Suggestion

3 What happened?

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

4 Supporting information

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

5 What outcome would you like?

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Office use only

Reference number

Date received

Could this be a reportable incident?
If yes, follow the Incident Management Policy

☐ Yes ☐ No

Action taken or required

Continuous improvement
If relevant

Recorded in complaints register

☐ Yes

Date action completed

Complaints Manager name	Signature	Date

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