

## Complaint and compliment form

Our service is committed to providing high quality care and services and meeting your needs. We value your feedback – including complaints.

Please let us know what we do well and where we can improve our services.

If you need assistance in making your complaint, please access any of the following services;

<p>ACT Ombudsman</p> <p><b>Phone:</b> 6276 0111</p> <p><b>Complaints Hotline:</b> 1300 362 072</p>	<p>NDIS Quality and Safeguards Commission:</p> <p>1800 035 544 (free call from landlines)</p> <p><a href="#">Complaint contact form</a></p> <p><a href="http://www.ndiscommission.gov.au">www.ndiscommission.gov.au</a></p>
<p>ACT Human Rights Commission</p> <p><b>Phone:</b> 6205 2222</p> <p><b>SMS:</b> 0466 169 997</p>	<p>NSW Health Care Complaints Commission Contact (02) 9219 7444 or toll free on <b>1800 043 159</b></p> <p>Online complaint submission: <a href="https://ecomplaints.hccc.nsw.gov.au/">https://ecomplaints.hccc.nsw.gov.au/</a></p>
<p>ACT Disability and Community Services Commissioner</p> <p>GPO Box 158 Canberra City ACT 2600 or visit Disability and Community Services Commissioner ACT Human Rights Commission 12 Moore Street Canberra City ACT 2600</p> <p><b>By email:</b></p> <p><a href="http://hrc.act.gov.au/complaints/">http://hrc.act.gov.au/complaints/</a></p>	<p>NSW Ombudsman</p> <p>Contact the Community Services Intake team, between 9am to 4pm on 02 9286 1000 or toll free on 1800 451 524</p> <p>Online complaint form: <a href="https://www.ombo.nsw.gov.au/complaints/complaint-form">https://www.ombo.nsw.gov.au/complaints/complaint-form</a></p>
<p>ACT Community Services Quality, Complaints and Regulation Branch</p> <p><b>Telephone</b> 6207 5474</p>	

Indicate your response below with an X.

<b>This is a:</b>	compliment		complaint		feedback	
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## 1. Your details

Do you want to remain anonymous? (Indicate your response with an X)

yes		no	
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Please note if your feedback is anonymous, we will not be able to contact you to provide you with feedback about actions taken.

**If you have marked [YES] above, please move directly to Part 2 below.**

**If you have marked [NO] above, please fill in the below**

### Personal details

First Name:	
Last Name:	
Postal address:	
Telephone number:	
Mobile number:	
Email address:	

If your feedback is in relation to a complaint, are you comfortable with being named as the initiator of the complaint to third parties?

yes		no	
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If you have marked [NO], please note that we may not be able to carry out a full investigation. See also Sections Anonymous Complaints and Confidentiality in the Participant Complaints Management Policy.

Do you require an interpreter?

yes		no		If <b>yes</b> , which language?	
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## 2. Please provide details of the service that the feedback concerns

Name of the service provider:	
Address of office location of service:	
Contact person's name and position in the service:	

### 3. Please state your concerns

Please provide details of your main concerns, including what events led to making the complaint, compliment or feedback, approximate dates and who was involved.

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

## 4. Privacy

The Richmond Fellowship is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for the purpose of investigating and responding.

We will only use your information in accordance with relevant privacy and other laws. In order for us to provide services to you effectively and efficiently, we may need to share your personal information with others to act on the matters identified in your feedback.

If you choose to remain anonymous, we may be unable to deliver the full range of services you require.

If you wish to contact Richmond Fellowship who are responsible for managing the personal information that you provide on this form, please call 02 6249 7900.

You also have the right to access your information and seek its correction under the *Freedom of Information Act 1982*. For information about making a Freedom of Information application contact (insert name) on (insert contact phone number).

## 5. Making a complaint to an independent body

Before you sign the declaration please be aware that you do not have to lodge your complaint directly with Richmond Fellowship if you do not feel comfortable doing so.

You are able to make a complaint directly to the NDIS Quality and Safeguards Commission (NDIS Commission) or any of the other independent services provided on page one of this form.

Should you wish to make a complaint to the NDIS Commission about the quality or safety of services or supports provided by Richmond Fellowship, you can submit a complaint about:

- NDIS services or supports that were not provided in a safe and respectful way
- NDIS services and supports that were not delivered to an appropriate standard
- How an NDIS provider has managed a complaint about services or supports provided to an NDIS participant.

For information about making a complaint, visit the [NDIS Commission website](#).

## 6. Declaration

Paragraph declaring information provided is true and correct.

Signature:		Date:	
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**Thank you for taking the time to provide feedback about our service. Please send this form to:  
Richmond Fellowship, PO Box 1304 Fyshwick ACT 2609 OR email: [info@rfact.org.au](mailto:info@rfact.org.au)**

### To be completed by Management

If this form has been completed to register a complaint:		Date recorded in register	
Signature:		Date:	
Name of Responsible Person		Position Title	