

# Feedback and Complaints Form

Thank you for taking the time to provide this feedback, it is appreciated.

Your communication will be acknowledged, and a review undertaken in accordance with the provisions of our Quality Management System. You will be advised of the result.

Please note: Clients have the right to access information and can make a complaint themselves or have a family member speak on their behalf without any retribution.

Please indicate which of the following is most accurate					
<input type="checkbox"/>	Compliment	<input type="checkbox"/>	Complaint	<input type="checkbox"/>	Suggestion

Person completing this form (please tick which box applies)					
<input type="checkbox"/>	Participant	<input type="checkbox"/>	Family Member	<input type="checkbox"/>	Participant Representative
<input type="checkbox"/>	Staff Member	Name:		Position:	
<input type="checkbox"/>	Other			<input type="checkbox"/>	Anonymous

Name and Contact Details			
Date Lodged:			
Full Name:			
Address:			
City:		Postcode	
Phone:			
Email:			

Preferred Contact Method					
<input type="checkbox"/>	Email	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Mail

Do you require one of the following			
<input type="checkbox"/>	Advocate	<input type="checkbox"/>	Interpreter





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**Feedback and Complaints can be submitted in the following ways:**

**Website:** [www.tag5.com.au](http://www.tag5.com.au) (Download Feedback & Complaints Form)

**In person:** – Coordinator/Team Leader/Human Resources Officer,  
Head Office: Hypercentre Level 1, Suite 9  
50-56 Sanders Street  
Upper Mount Gravatt QLD 4122

**Phone:** Head Office (07) 3036 2852

**Email:** [enquiries@tag5.com.au](mailto:enquiries@tag5.com.au)

**Mail:** Hypercentre Level 1, Suite 9  
50-56 Sanders Street  
Upper Mount Gravatt QLD 4122

(If complaint is unresolved by TAG 5, contact can be made to the following)

NDIS Quality & Safeguards Commission – Phone 1800 035 544 or TTY on 133677  
Complete on-line Complaint form (NDIS Commission website)  
Use National Relay Service and ask for 1800 035 544)

Interpreter can be arranged

**INTERNAL USE ONLY:**

Received By		Date Received		Allocated To:	
<b>Action Taken or Required</b>					
Date Action Completed		Signature			

<b>Feedback for closure (complainant)</b>					
<input type="checkbox"/>	Verbal	<input type="checkbox"/>	Letter	<input type="checkbox"/>	Meeting
<input type="checkbox"/>	Email	<input type="checkbox"/>	Other		

<b>Has this feedback been added to the Compliments/Complaints Register?</b>					
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	