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| **Feedback & Complaint Form** |
| This form is to assist you in providing feedback or making a complaint to Miroma Inc.  **All information is strictly confidential.**  We encourage you to make your complaint in writing. Please allow a maximum of ten (10) days  for a response. |

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| **Personal details** | | | | |
| The information provided will be used to contact you. Only provide the contact details that  you wish to be contacted on. | | | | |
| **Name:** | **Mr/Mrs/Miss/Ms** |  | | |
| **Postal Address:** |  | | **Postcode:** |  |
| **Email:** |  | | **Mobile:** |  |

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| **Have you lodged a feedback / complaint with Miroma Inc. before?** | | |
| **Yes** | The matter was resolved? | The matter was not resolved |
| **No** | Comments: | |

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| **Have you lodged feedback / complaint with NDIS Commission?** | | |
| **Yes** |  | Comments: |
| **No** |  | Comments: |
| **If you would like lodge a complaint to the NDIS Commission, please find details below.**  **Website** [**https://www.ndiscommission.gov.au/about/complaints-feedback/complaints**](https://www.ndiscommission.gov.au/about/complaints-feedback/complaints)  **Phone 1800 035 544** | | |

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| **Is there someone else (legal representative, support person, advocate) that you would like**  **Involved in making this complaint?** | | | |
| **Yes** |  | **No** |  |

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| **Name of legal representative/support person/advocate** | |  | | |
| **Postal Address** |  | | | |
| **Phone:** |  | | **E-Mail:** |  |

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| **Details of the feedback / complaint** | | | | |
| **What is the feedback /**  **Complaint related to:** | |  | | |
|  | **Employee of the**  **organisation** | | Details |  |
|  | **Volunteer of the organisation** | | Details |  |
|  | **Service delivery** | | Details |  |
|  | **Facilities** | | Details |  |
|  | **Specific incident** | | Details |  |
| **What happened?** | | | | |
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| **Where it happened?** | | | |
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| **When it happened? (Include date if possible)** | | | |
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| **Who was involved? (List all persons involved and witnesses)** | | | |
|  | | | |
| **Did someone witness the incident? Would they be willing to be contacted regarding your**  **complaint? If so, provide the name and contact details. (Inform the witness that they may be**  **contacted by Miroma Inc to discuss the matter.)** | | | |
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| **Any other relevant details:** | | | |
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| **Have you discussed the matter with the person/s involved?** | | | |
| **Yes** |  | **No** |  |

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| **If yes, what was the outcome, if any? Please attach a copy (not the original) of your feedback /**  **complaint to the respondent and any letter of reply you have received.** |
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| **If no, is there any reason/s that you cannot do so? Do you need help to do this, e.g. for safety**  **reasons, cultural reasons?** |
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| **How would you like to see your complaint resolved? What action would you like Miroma Inc to take to resolve your complaint?** |
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**Additional information/supporting documentation**

Please attach copies (not the original) of any documents that may help us to handle the complaint, e.g. if you have letters, emails or faxes or records of conversations you have had

with the person/s associated with the feedback/complaint.

To help us resolve this matter as fast as we can, please ensure your contact details are kept

up to date. If details change, let Miroma Inc know as soon as you can.

Please sign and date this form.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_