



Complaint Form

Part A – About you

Fill in this box if you are complaining on behalf of someone else

Name of person: Click here to enter text.

What is your relationship to that person? Click here to enter text.

Does the person know you are making this complaint? Choose an item.

Does the person consent to the complaint being made? Choose an item.

Fill in this box if someone is assisting you with the complaint – for example a family member, your nominee or representative.

Name of representative: Click here to enter text.

Organisation: Click here to enter text.

Postal Address: Click here to enter text.

Contact Numbers

Business: Click here to enter text.

Mobile: Click here to enter text.

Fax: Click here to enter text.

TTY: Click here to enter text.

Email: Click here to enter text.

My preferred contact is: Choose an item.

Part B – Your complaint

What is your complaint about?

Provide some details to help us understand your concerns. You can include what happened, where it happened and who was involved or the decision made by the Agency that you are unhappy about.

[Click here to enter text.](#)

Part C – Who is your complaint about?

Name of the person, or service about whom you are complaining (the respondent or the Agency person who made the decision)

Name/organisation: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Post Code: [Click here to enter text.](#)

Contact numbers

Home: [Click here to enter text.](#)

Business: [Click here to enter text.](#)

Fax: [Click here to enter text.](#)

Mobile: [Click here to enter text.](#)

TTY: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

What is this person's/organisation's relationship to you? [Click here to enter text.](#)

What outcomes are you seeking?

[Click here to enter text.](#)

NOTE: If you want to complain about more than one person or organisation, please provide this additional information on an extra page.

Part D – Further Information

Supporting Information

Please attach copies of any documents that may help us investigate your complaint (for example letters, references, emails). If you cannot do this, please tell us what you think we should obtain.

Click here to enter text.

Have you made a complaint about this to another agency?

(For example: a disability service or equal opportunity agency, Health Care Complaints Commission, Ombudsman.)

If so, please provide details of the agency to which you made your complaint and any outcome. Please also attach copies of any letters you have received from that agency.

Click here to enter text.

Please check this box to consent to the National Disability Insurance Agency providing information to a third party (e.g. a Provider or another jurisdiction) to resolve your issue.

Email your form to: feedback@ndis.gov.au,

or

National Disability Insurance Agency, GPO Box 700, Canberra ACT 2601,

or

Drop your form off at any National Disability Insurance Scheme office.

[Office locations](#)