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18 Stirling Crescent, Surrey Hills 3127  03  9836 4480     info@orthokids.com.au        ABN:  11 811 239 374

**National Disability Insurance Scheme (NDIS) Provider Complaints Management and Resolution System: Complaint and Feedback Form**

You have the right to make complaints about our services and supports at any time. To make a complaint, please complete and return this form to one of our Complaints Officers.

The completed form will go to our Complaints Officers, who will handle your complaint fairly following the steps outlined in our NDIS Provider Complaints Management and Resolution System Policy. You can get a copy by clicking this link: https://www.orthokids.com.au/ndis

You can also ask us to send you a copy by contacting us.

You can contact our Complaints Officer, Anna Thomson via:

Ph: 9836 4480

Email: admin@orthokids.com.au

You can also make your complaint by:

* Calling Orthokids on 9836 4480
* submitting an online enquiry at orthokids.com.au
* writing to Orthokids at 18 Stirling Crescent Surrey Hills
* emailing us at info@orthokids.com.au
* speaking to any of our client care staff in person.

To protect your privacy, we do not recommend using social media to make a complaint. However, if you choose to make a complaint this way, we will still treat it as a complaint.

**Thank you**

Feedback provides us with useful information about the quality of our services.  Resolving complaints gives us the opportunity to improve our services and to learn from our mistakes.

We take all complaints very seriously and will work hard to address and resolve them efficiently to your satisfaction as set out in this policy.



Feedback & Complaints Form

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| **Information Required** | **Details to be****Provided** |
| Patient Name |  |
| NDIS No. |  |
| Contact Name |  |
| Contact No. |  |
| Email |  |
| Address |  |
| Who is your complaint about |  |
| What is your complaint aboutPlease provide us with as much detail as possible |  |
| Do you have any documents pertaining to this complaint ? | NO / YES (please attach) |
| Have you made a complaint about this to the NDIS commissioner or any other organisation | NO / YES |

**Follow Up**  To be completed by complaints officer

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|    Investigation Notes              |   |
|    Action Taken           |   |
|    Outcome          |   |

Signed:  Date: