Shala OT ABN 16 698 925 861

Feedback and Complaints Form

1. Background

Shala OT welcomes all feedback about the delivery of NDIS supports and services; including compliments and complaints. Where something has gone wrong, it is important to talk about it.

All Feedback may be provided on an anonymous basis. We will take reasonable steps to ensure that any information provided is kept confidential and only disclosed with consent, if required by law, or if the disclosure is otherwise appropriate in the circumstances.

1.1 Our Details

Representative	Danielle Gyss
Postal Address	1A Rose Street GLENELG SA 5045
Phone number	61419627200
Email	hello@shalaot.com.au
Website	www.shalaot.com.au

1.2 Rights to access advocates

NDIS Participants have the right to provide feedback, including complaints, about the supports and services they receive. Participants may seek support from a representative, advocate or support person when providing feedback.

Shala OT will facilitate arrangements for independent advocates and other representatives upon request or as needed.

1.3 Anonymous Feedback

Anonymous Feedback can be provided to us by:

- Calling us and stating that you wish to make an anonymous complaint; or
- Completing this Form, but not including identifiable information, and then posting it to us.

1.4 NDIS Commission

A complaint can be made to the NDIS Commission on an identifiable or anonymous basis. The NDIS Commission handles complaints when:

- something has gone wrong;
- something is not working well;
- something hasn't been done the right way;
- something makes a Participant unhappy;

- A Participant has been treated badly;
- Someone has concerns about unfair pricing or fraud;
- A Provider didn't act on a previous complaint.

A complaint can be made to the NDIS Commission by:

- Phoning: 1800 035 544 or 133 677. Interpreters can be arranged.
- Phoning National Relay Service and asking for 1800 035 544.
- Visiting https://www.ndiscommission.gov.au/about/complaints and completing a complaint contact form.

2. Form

2.1 Your Details				
Name				
Phone number				
Email				
Preferred contact method	☐ Phone	☐ Email	☐ None	
Engagement with Shala OT	☐ NDIS Participant	☐ Representative	☐ NDIS Provider	☐ Other:
Are you providing feedback on behalf of someone else?	☐ No	☐ Yes	*If Yes, provide details (eg Participant's Translator):*	
Do you need help completing this Form?	☐ No	☐ Yes	*If Yes, provide details (eg interpreter):*	

2.2 Feedback	
Please provide your Feedback here.	*(Please attach further pages to this form if your description does not fit in this box)*

2.3 Outcomes	
What outcomes would you like to see as a result of your Feedback?	*(Please attach further pages to this form if your description does not fit in this box)*

Execution

Signed by the **Participant**:

…….. Date: ……/……/……..
Signature

……..
Name (please print)

Signed by the **Representative** for the **Participant:**

…….. Date: ……/……/……..
Signature

……..
Name

……..
Capacity (e.g. Plan Nominee / Guardian / Attorney / Other)