



Feedback and Complaint Form

Thrive Pathways

We appreciate your input to help us continually improve the quality and safety of our services. Please use Part 1 to provide feedback, or Part 2 to raise a formal complaint. All complaints will be acknowledged in writing within 2 business days of receipt. We will explain what happens next, give you an estimated timeframe and a contact person, and tell you when we expect it to be resolved. Raising a concern will never affect your services, and you can have a support person or advocate help you at any time. Your information is protected under our Privacy and Confidentiality Policy and the Privacy Act 1988 (Cth).

ANONYMOUS SUBMISSIONS: To submit anonymously, select 'Anonymous' in Section A and leave your personal details blank. Forms can be mailed to: PO Box 75R, Redan VIC 3350 or you can call 1300 429 593 and state your wish to remain anonymous. We will look into anonymous complaints as far as we can. You can also email hello@thrivepathways.com.au, visit www.thrivepathways.com.au or hand this form to any of our team.

OTHER WAYS TO RAISE A COMPLAINT: You may also contact the NDIS Quality and Safeguards Commission directly: Phone: 1800 035 544 (free call from landlines) | TTY: 133 677 | Website: www.ndiscommission.gov.au | Email: contactcentre@ndiscommission.gov.au You can contact the NDIS Commission at any time, although raising concerns with us first is often the quickest way to resolve them.

OTHER HELP: Find an advocate: askizzy.org.au/disability-advocacy-finder | Interpreter (TIS National): 131 450 | National Relay Service: ask for 1800 035 544 | Victorian Disability Worker Commission: 1800 497 132 | Privacy concerns: Office of the Australian Information Commissioner (OAIC) 1300 363 992, www.oaic.gov.au

PART 1: FEEDBACK

Use this section to share any feedback (positive or constructive) about your experience with our services.

Section A: About the Feedback

Please select one:

- ☐ Direct: You are an NDIS Participant or Client providing feedback directly.
- ☐ Indirect: You are providing feedback on behalf of an NDIS Participant or person with disability.
- ☐ Anonymous: You are providing anonymous feedback and will not reveal your name or contact details.



Section B: Your Details

If submitting anonymously, leave this section blank.

First Name:	
Last Name:	
Contact Number:	
Email Address:	

Section C: Who Are You?

I am submitting as (select one):

☐ NDIS Participant or Client	☐ Family Member
☐ Carer	☐ Guardian
☐ Advocate	☐ Other

Section D: Your Feedback

Please provide details about your feedback, what happened, what worked well, what could be improved:

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Section E: Signature

If submitting anonymously, leave this section blank.

Your Signature:		Date:	
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PART 2: FORMAL COMPLAINT

Use this section to raise a formal complaint or concern. We will work with you to resolve the issue.

Section A: About the Complaint

Please select one:

- ☐ Direct: You are an NDIS Participant or Client making this complaint yourself.
- ☐ Indirect: You are making this complaint on behalf of an NDIS Participant or person with disability.
- ☐ Anonymous: You are making an anonymous complaint and will not reveal your name or contact details.

Section B: Your Details

If submitting anonymously, leave this section blank.

First Name:	
Last Name:	
Contact Number:	
Email Address:	

Section C: Who Are You?

I am submitting as (select one):

☐ NDIS Participant or Client	☐ Family Member or Friend
☐ Carer	☐ Guardian
☐ Advocate	☐ Staff Member

Section D: Communication Assistance

Do you need any communication assistance? (e.g. interpreter, Easy Read, Auslan, CALD support)	☐ Yes ☐ No
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If Yes, please specify:

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Section E: Your Complaint

Please describe your complaint in detail, what happened, when, where, and who was involved (if known):

What outcomes are you seeking? (e.g. apology, explanation, change in services, training, review of decision, other):

If a similar complaint was previously submitted, please advise the date:

Previous Complaint Date:

Section F: Signature

If submitting anonymously, leave this section blank.

Your Signature:

Date: