

COMPLAINT FORM

About me

Full Name:
Address:
Mobile:
Email:
NDIS Number – if applicable:

About the complainant (if different to above)

Full Name:
Organisation:
Address:
Mobile:
Email:

What is your relationship to that person?

Does the person know you are making this complaint?

Yes

No

Does the person consent to the complaint being made?

Yes

No

**Please ensure relevant consent forms are attached*

What is your complaint about?

Please provide some details to help us understand your concerns. You can include what happened, where it happened and who was involved within the organisation.

Who is your complaint about?

Staff member name:

What outcomes are you seeking?

Further information

Please provide any documents that may help us investigate your complaint (for example letters, references, emails).

Please send this form to hello@iarasupport.com.au and we will be in touch within 2 business days.