



# COMPLAINTS & FEEDBACK FORM

## Brighter Days Community Care

|                   |                            |                   |                    |
|-------------------|----------------------------|-------------------|--------------------|
| <b>Document</b>   | Complaints & Feedback Form | <b>Version</b>    | Rev.2              |
| <b>Issue date</b> | August 2026                | <b>Supersedes</b> | Rev.1 - 06/10/2023 |

### Your right to speak up

- You can make a complaint, provide feedback or give a compliment without fear of adverse treatment.
- You may make a complaint anonymously. If you do, we may be limited in how we investigate or update you about the outcome.
- You may have a family member, representative, advocate or support person assist you.
- You can also contact the NDIS Quality and Safeguards Commission about the quality or safety of NDIS supports and services.

| 1. Person making the complaint / providing feedback |          |
|-----------------------------------------------------|----------|
| Name of person                                      |          |
| Address                                             |          |
| Phone                                               |          |
| Email                                               |          |
| Preferred contact method                            |          |
| Anonymous complaint?                                | Yes / No |

*If you are making the complaint anonymously, you may leave the personal information fields blank.*

| 2. If you are making this complaint / feedback on behalf of another person |          |
|----------------------------------------------------------------------------|----------|
| Your name                                                                  |          |
| Relationship to the person                                                 |          |
| Does the person know you are making this complaint / feedback?             | Yes / No |
| Does the person consent to the complaint / feedback being made?            | Yes / No |

|                                                                       |  |
|-----------------------------------------------------------------------|--|
| <b>Preferred contact method</b>                                       |  |
| <b>3. Person, worker or service the complaint / feedback is about</b> |  |
| <b>Name</b>                                                           |  |
| <b>Contact details (if known)</b>                                     |  |
| <b>4. What is your complaint / feedback about?</b>                    |  |

Please tell us what happened, where and when it happened, and who was involved. Include any information that may help us understand your concern.

|  |
|--|
|  |
|--|

**5. Supporting information**

You may attach copies of documents that may help us investigate your complaint or feedback, such as letters, emails, photos or other relevant records. Please avoid sending original documents.

**6. What outcome are you seeking?**

Tell us what you would like to happen as a result of your complaint or feedback.

**7. How to submit this form**

- Email: [info@brighterdayscommunitycare.com.au](mailto:info@brighterdayscommunitycare.com.au)
- You may also submit your complaint through the Brighter Days Community Care website or contact us to discuss another accessible way to provide feedback.
- NDIS Quality and Safeguards Commission: 1800 035 544 or use the Commission's online complaints pathway if your concern relates to the quality or safety of NDIS supports or services.

**Emergency:** Brighter Days Community Care is not an emergency or crisis service. If there is an immediate threat to life or safety, call 000.

| OFFICE USE ONLY - Complaint management record      |                     |
|----------------------------------------------------|---------------------|
| Complaint received by                              |                     |
| Date received                                      |                     |
| Acknowledgement / initial response date            |                     |
| Immediate safety or safeguarding issue identified? | Yes / No - details: |
| External reporting / referral required?            | Yes / No - details: |
| Action taken or required                           |                     |
|                                                    |                     |
| Person responsible for action                      |                     |
| Target completion date                             |                     |
| Date action completed                              |                     |
| Outcome communicated to complainant                | Yes / No - Date:    |
| Further review / continuous improvement action     |                     |
| Signature                                          |                     |
| Date                                               |                     |

**End of Complaints & Feedback Form**