**Ellira Pty Ltd**
1300 487 996
hello@ellira.com.au
ellira.com.au

PSM-FRM-005

# Feedback and Complaints Form

| | |
|---|---|
| **Document ID** | PSM-FRM-005 |
| **Document Type** | Form |
| **Version** | 1.0 |
| **Effective Date** | 2026-05-01 |
| **Review Date** | 2027-05-01 |
| **Owner** | Director |
| **Approved By** | Director |
| **NDIS Practice Standards** | Feedback and Complaints Management |

> **If you are unsafe right now**, call for help before you complete this form:
> **000** (Police/Ambulance) · **Lifeline** 13 11 14 · **Suicide Call Back Service** 1300 659 467 · **13YARN** 13 92 76 (Aboriginal & Torres Strait Islander) · **Kids Helpline** 1800 55 1800 (under 25) · **Beyond Blue** 1300 22 4636 · **Ellira internal escalation** PSM-FRM-009 Role-Based Escalation and Emergency Contacts Appendix.

## Purpose

Use this form to give feedback, raise a concern, or make a complaint about Ellira's supports or services.

You can complete this form yourself or with support from a worker, advocate, nominee, family member, or other representative.

## 1. Your Details (Optional)

| Field | Details |
|---|---|
| Your name | |
| Are you the participant, nominee, family member, advocate, worker, or another person? | |
| Participant name (if different) | |
| Preferred contact method | Phone / Email / Post / Other: |
| Contact details | |
| Do you want to remain anonymous? | Yes / No |

**Ellira Pty Ltd**
1300 487 996
hello@ellira.com.au
ellira.com.au

## 2. What Are You Raising?

| Type | Select |
|---|---|
| Compliment | ☐ |
| Suggestion | ☐ |
| Concern | ☐ |
| Complaint | ☐ |

## 3. Details

| Field | Details |
|---|---|
| Date or period of the issue or feedback | |
| Location or service area | |
| People involved (if known) | |
| What happened, or what would you like us to know? | |
| What outcome or response would you like? | |

## 4. Communication and Support Needs

| Field | Details |
|---|---|
| Do you need communication support, an interpreter, Easy Read, advocacy, or another adjustment? | |
| Preferred way for us to contact you | |

## 5. Returning This Form

You can return this form:

- by email to hello@ellira.com.au
- by post to Cranbourne VIC
- by giving it to any Ellira worker
- by reading it out to a worker, who can help record it

> **You can also complain directly to the NDIS Quality and Safeguards Commission** at any time. You do not need to raise the matter with us first, and you will not be disadvantaged for doing so:
> **Phone:** 1800 035 544 (free call from landlines; interpreter service available via **TIS National 131 450**)
> **TTY / National Relay Service:** 133 677
> **Online:** ndiscommission.gov.au/participants/complaints

**Other options and accessible formats:**

- You can ask for this form, or any part of our complaints process, in an **Easy Read** version. Ask any worker or email hello@ellira.com.au.
- You can ask us to arrange a **free interpreter** (TIS National, Auslan, or another interpreter) at any stage of the complaint.
- You can involve an **independent advocate** at no cost. For example, you can contact the **National Disability Advocacy Program** on 1800 643 787 or visit askizzy.org.au/disability-advocacy-finder. In Victoria, you can contact VALID on 1300 660 312.
- You can nominate a **support person, family member, nominee, or legal representative** to act on your behalf.
- If your complaint concerns a **child**, you can also contact the relevant state or territory child-safety regulator. We will help you find the right contact if you ask.

## 6. Staff Use Only

| Field | Details |
|---|---|
| Received by | |
| Date received | |
| How received | |
| Initial actions taken | |
| Register reference | |

## 7. Sign-Off (Optional)

| Name | Signature / Confirmation | Date |
|---|---|---|