



RAZ CARE
- Disability - Home Care -

ABN: 68647919168
PH: 0470 711 431
info@razcare.com.au
www.razcare.com.au

Living Your Best Life Your Way!

Complaint Report Form

- This form is to assist you in making a complaint to our organisation.
- All information is strictly confidential.
- If you feel unsure about anything or would like help to complete this form, please speak to the admin person
- We encourage you to make your complaint in writing. Please allow a maximum of ten (10) days for a response.
- Please attach copies (not the original) of any documents that may help us to handle the complaint.

Source: Participant Worker NDIS Other _____

Part A – About me

Date	
Full Name	
Address	
Phone No	

Is there someone else (legal representative or support person) that you would like involved in making this complaint? Yes No

Name of legal representative/support person _____

Fill in this box if you are complaining on behalf of someone else

Name of Person	
What is your relationship to that person	
Phone No	

Does the person know you are making this complaint?

Does the person consent to the complaint being made?



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Part B – Your complaint

What is your complaint about? (Provide some details to help us understand your concerns. You can include what happened, where it happened and who was involved.)

Did someone witness the incident? Would they be willing to be contacted regarding your complaint? If so, provide the name and contact details. (Inform the witness that they may be contacted by the organisation to discuss the matter.)

How can we help to fix this problem or complaint?

Signature

Please Return this form to office or email us