

DRIVING WELL OCCUPATIONAL THERAPY COMPLAINT REPORTING FORM

Date of report:	
Name of person reporting:	
Name of team member receiving report:	
Was support offered to the person making the complaint?	

How this complaint came to the attention of the Provider:

Date of incident / event relevant to the complaint:

Details of the complaint: (detail if multiple accounts are provided who is reporting and when)

Follow up and next actions:

Date	Details	Staff member

Was support continually provided throughout the resolution process?	Yes / No / Declined
Was the person supported to access another service?	Yes / No / Declined
Name of alternative Provider:	Date of referral:

Agreement of resolution:

Signed by person making complaint

Signed by staff member

Was the complaint referred to the NDIS Commission?	Yes / No
Date of referral:	
Details of follow up from the Commission:	
Date:	
Name of person completing report:	
Signature:	