Orchid NDIS Complaints Form

Complainant Information

Full Name:

Job Title / Role:

Department:

Contact Number:

Email Address:

Preferred Contact:

☐ Email ☐ Phone ☐ In-person

Complaint Details

Complaint Type:

☐ Service ☐ Staff Behavior ☐ Safety ☐ Policy ☐ Other

Date:

Time:

Location / Department:

Description of Complaint:

Requested Actions / Suggestions

Requested Outcome:

Suggestions / Recommendations:

I confirm that the information provided is true and accurate.:

☐ Yes ☐ No