

# CDNI Care Pty Ltd

## Feedback and Complaints Form

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If you have a concern or complaint about your current NDIS supports or services provided by CDNI Care Pty Ltd, it's important to talk about it. Fill out this complaint form below and we will respond to you within 3 business days.

**1. Please provide your details:**

*If you wish to make a confidential or anonymous complaint, it is better if you call us on +61296026454.*

Today's date	
First name	
Last name	
Telephone (e.g. 0299999999)	
Email address (e.g. name@company.com)	
I am a	Client / Family member or friend / Advocate / Carer / Staff Member / Other

**2. Are you making this complaint on behalf of a person with disability? \***

- Yes  
 No

**3. Do you require any help with communication or any other form of support? e.g Interpreter?**

- Yes  
 No

If you require help, please provide details of the help you need	
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**4. Please provide details of your complaint.**

Details of your feedback/complaint	<i>(Please attach further pages to this form if your description does not fit in this box)</i>
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Approved By:	CDNI Care Pty Ltd	Version	1
Approval Date:	July 2020	Next Scheduled Review	July 2022

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**5. Agreement**

*I agree that the information included in this Feedback and Complaints Form is true and correct:*

\_\_\_\_\_  
*Signature*

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