

Part D – Who is your complaint about?

Name of the person, or service about whom you are complaining (the respondent or the Agency person who made the decision)

Name/Organisation:

Address:

Contact Details:

Home:

Mobile:

Business:

TTY:

Email:

What is this person's/organisation's relationship to you?:

What outcomes are you seeking?

NOTE: If you want to complain about more than one person or organisation, please provide this additional information on an extra page.

Part E – Further information

Supporting information

Please attach copies of any documents that may help us investigate your complaint (for example letters, references, emails). If you cannot do this, please tell us what you think we should obtain.

Have you made a complaint about this to another agency?

(For example: a disability service or equal opportunity agency, Health Care Complaints Commission, Ombudsman.)

If Yes, please provide details of the agency to which you made your complaint and any outcome. Please also attach copies of any letters you have received from that agency.

Please check this box to consent to Designer Life providing information to a third party to resolve your issue. (e.g., a Provider or another jurisdiction)

Return this form to Designer Life by:

Email: ndis@designerlife.com.au **Mail:** Designer Life, PO Box 70, Strathpine QLD 4500 OR, drop your form off at any Designer Life office.