

Making a Complaint – Simple English

This form is for people who have a complaint about the services provided by Able Australia. If you need support to complete this form, please ask for assistance from someone listed on the complaints brochure. Able Australia will put you in touch with an advocate if you need one.

1 What is your complaint? (who, what, where, when, witnesses)

2 What would you like to see happen about your complaint?

3 Please provide your name and contact details (Optional – only fill this in if you would like us to contact you about this complaint)

Name:	
Address:	
Phone:	
Email:	

Making a Complaint – Simple English

4 Please provide the name of the service the complaint is about.

Service:	
-----------------	--

5 Are you making the complaint on behalf of someone else?

Yes

No

What is your relationship to the person receiving the service (e.g. parent, advocate, carer etc.)?

Relationship:	
----------------------	--

What is the name of the person receiving the service?

Name:	
--------------	--

6 Does the person know you are making the complaint on their behalf?

Yes

No

Signature:	
Print name:	
Date:	

Please give this form to the relevant person listed on the complaints brochure who you would like to help you with your complaint.

7 Privacy Statement:

Able Australia will only collect, use and disclose your personal information the way that the law requires. You can request access to your personal information from the Service Manager.