

## PRODUCT RELATED COMPLAINTS REPORT FORM

210320\_BCN\_REP5\_Product\_Complaint\_Report\_Form\_V02

March 20, 2021

Please fill in the form below to report a complaint that you (NDIS participant) have regarding the Bettercarendis services or the products obtained from bettercaremarket.

If you are not comfortable addressing your concern with the Bettercarendis Team and prefer to contact NDIS directly, please call 1800 800 110.

**Complaints of NDIS participants using Bettercarendis services or bettercaremarket products.**

**What would you like to complain about?**

- A complaint related Bettercarendis services

If yes, describe the nature of your complaint

If your complaint concerns a Bettercarendis staff member, please provide his/her name

What are you hoping to achieve with your complaint?

If you wish to complain about multiple services or staff members of Bettercarendis please provide this information in the attachment section below.

- A complaint related to a bettercaremarket product

If yes, what is the product or service that you have a complaint about?

Describe the nature of your complaint

What are you hoping to achieve with your complaint?

If you wish to complain about multiple services or staff members of Bettercarendis please provide this information in the attachment section below.

- A complaint related to the service provided by bettercaremarket

If yes, describe the nature of your complaint

If your complaint concerns a bettercaremarket staff member, please provide his/her name

What are you hoping to achieve with your complaint?

If you wish to complain about multiple services or staff members of BettercareNDIS please provide this information in the attachment section below.

**Details of the Client (NDIS Participant) who wishes to register a complaint**

Please enter the Client Name

Clients DOB

DD / MM / YYYY



Client NDIS Participant number

**The person filling this complaints report is**

- The NDIS or Client concerned in this complaint

If yes, please provide the following information

Phone contact number

Email address

Confirm email address

- Someone else, filling the form on behalf of the concerned NDIS Participant

If yes, please provide the following

Your full name

Phone contact number

Email address

Confirm email address

Additional comments - Questions & Notes and additional information as required

Please attach documents that may help us investigate your complaint, like emails and references

Attachment 1, 2, 3

Please share the name of any agency or organisation where you have registered this complaint

Please consent with our Complaints Management Policy\*

I,  agree to the Complaints Registration Policy

Signature

Your personal data will be used to process your order, support your experience throughout this website, and for other purposes described in our privacy policy

\*All our policies are available on our website [www.bettercarendis.com.au](http://www.bettercarendis.com.au)

#### IMPORTANT

Upon submission of your complaint to BettercareNDIS, we will communicate the progress and outcomes of your complaint with you using your email and possibly, with your consent, your phone.

When you feel that your complaint does not progress sufficiently or when you are unhappy with the outcomes of your complaint please let us know immediately. Our General Manager will then arrange a personal conversation with you and in case you are still unsatisfied by the outcomes we will escalate your complaint to the NDIS Committee.