

# Feedback and Complaint Form

Greenway Plan Management Pty Ltd • Version 1.0

We take all feedback seriously. Completing this form helps us understand your concern and respond promptly. You may submit this form anonymously — simply leave your details blank.

Return this form by: Email: [hello@greenwayplans.com.au](mailto:hello@greenwayplans.com.au)

## Section 1 — Your Details

Would you like to remain anonymous?

Yes — I prefer to remain anonymous

No — please contact me about my complaint

<b>Full Name</b>	<b>Date</b>

<b>Phone Number</b>	<b>Email Address</b>

Your relationship to Greenway Plan Management

<input type="checkbox"/> NDIS Participant	<input type="checkbox"/> Family member / Carer	<input type="checkbox"/> Advocate or Representative
<input type="checkbox"/> Service Provider	<input type="checkbox"/> Support Coordinator	<input type="checkbox"/> Other

If Other, please describe:

## Section 2 — Your Feedback or Complaint

What type of feedback are you providing?

<input type="checkbox"/> Complaint	<input type="checkbox"/> General Feedback	<input type="checkbox"/> Compliment	<input type="checkbox"/> Suggestion
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**What is your feedback or complaint about?**

<input type="checkbox"/> Invoice processing	<input type="checkbox"/> Budget management	<input type="checkbox"/> Communication / responsiveness
<input type="checkbox"/> Staff conduct	<input type="checkbox"/> NDIS portal or dashboard	<input type="checkbox"/> Other

**Date of the issue (if known):**

**Please describe your feedback or complaint in detail: \***

*Include what happened, when, and who was involved where possible.*

### Section 3 — What You Would Like to Happen

**What outcome would you like from this complaint?**

*e.g. an explanation, change to process, other action.*

### Section 4 — Supporting Information

**Have you attached any supporting documents?**

<input type="checkbox"/> Yes — attached	<input type="checkbox"/> No
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**If yes, please list documents attached:**

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## Section 5 — Declaration

The information I have provided is true and accurate to the best of my knowledge. I understand that Greenway Plan Management Pty Ltd will handle this form confidentially and in accordance with its Complaints Management and Resolution Policy and the NDIS (Complaints Management and Resolution) Rules 2018.

Signature	Date Submitted

### Your rights

If you are not satisfied with how your complaint is handled, you can contact the NDIS Quality and Safeguards Commission at any time:

Phone: 1800 035 544 (free call) | TTY: 133 677 | [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)

You may also seek support from an advocate or representative at any stage of this process.

## For Office Use Only

Date Received	Reference Number

Received By	Assigned To

### Actions taken:

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Date Resolved	Outcome