19 Heron Cres, Katherine NT 0850 Tel: 08 8971 1231 Fax: 08 8971 1177 ABN: 49 887 648 104

www.blueskytherapies.com.au

## **COMPLAINT & FEEDBACK FORM**

To make a complaint, you can fill in this Complaint and Feedback Form. We will handle your complaint fairly following the steps in our Complaints Management Policy Document. Please complete and return this form to <a href="mailto:admin@blueskytherapies.com.au">admin@blueskytherapies.com.au</a> or alternatively post it to 19 Heron Cres Katherine NT 0850.

If you prefer, you can make a complaint in other ways please read how to do so in our Complaints Management Policy Document.

Information Requested	Details
Name (optional)	
NDIS number (optional)	
What is your complaint about? Please give us as much detail as possible. If you do not have enough space, you can give us more detail on a different piece of paper.	
Who is your complaint about?	
How would you like us to fix this issue?	
Do you have any documents you would like to share with us about your complaint?	Yes/ No Please attach to this form.
Have you made a complaint about this matter to another organisation (e.g. to the NDIS Commissioner)?	Yes/ No Please provide details of outcome.

## Blue Sky Therapies

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If you are making a complaint on behalf of someone else please fill in this section:	
Name (optional)	
Relationship to the complainant	
Does the complainant know you are making a complaint?	
Does the complainant consent to the complaint being made?	
Email Address	
Mobile Phone Number	
Address	