



aiimCHOICES

Empowering people to develop their potential

Compliments and Complaints Form

At AIIM Choices we are always interested in your feedback regarding our services and support for NDIS participants. Please provide us with some details regarding your situation and we will follow through on any improvement ideas. Any information provided is treated confidentially and it's up to you if you want to provide your details and any feedback

Your Feedback

What is your Feedback about? Please provide some details to help us understand the situation which prompted you to provide feedback. You should include what happened, where it happened, time it happened and who was involved or any details you think are important.

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Optional - Fill in the details of the person who is providing feedback

| | |
|---|--|
| Name of Person | |
| Address | |
| Phone | |
| Email | |
| My preferred contact method is | |
| Would you like us to give you feedback? | |
| <p>If you are providing feedback on behalf of another person, please provide their details.</p> <p>Name</p> <p>Phone</p> <p>Email</p> | |

**Any documentation that
can help our understanding .**

Supporting Information

*Please attach copies of any documentation that may help us to investigate your complaint/feedback
(for example letters, references, and emails).*

What outcomes are you seeking as a result of the feedback?

OFFICE USE ONLY

| | |
|---------------------------------|--|
| Complaint received by | |
| Date received | |
| Action taken or required | |
| Date action completed | |
| Signature | |