

NDIS Participant Feedback Form

You are welcome to complete this form on your own or with assistance from your support person, family member or nominee.

1.	Are you happy with the services you receive?	☐ Yes	□ No	Sometimes
		©	8	(2)
2.	Are you happy with the amount of support you receive?	Yes	□ No	Sometimes
		©	8	(2)
3.	Does your UnitingSA support person let you make decisions about your support activities?	Yes	No	Sometimes
4.	Do you like your UnitingSA support person?	Yes	No	Sometimes
5.	Would you like to receive the information on how to access an Advocate again? (Independent Support Person)	Yes	No	
6.	Would you like to receive the information again on how to provide feedback or make a complaint about UnitingSA?	Yes	No	



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complaint about UnitingSA, were you happy with how it was handled?	Yes	No S	Not Applicable					
8. Would you like a Manager to contact you about your feedback?	Yes	□ No (S)						
Is there any other information that you would like to share, this can include feedback on how we could change or improve our services.								
Name:								
Contact Number/Email:								
Date:								

Thank you for taking the time to complete this Feedback Form. Your feedback is used to make our services better.

If you don't feel comfortable raising a concern with UnitingSA, or you are unsatisfied with the outcome of your feedback, you can contact the following external agency:

NDIS Quality ad Safeguards Commission www.ndiscommission.gov.au
1800 035 544 (free call from landlines) contactcentre@ndiscommission.gov.au

If you would like to discuss providing feedback or making a complaint, or you would like more information about UnitingSA's NDIS Services, you can also contact:

NDISSupport@unitingsa.com.au