YAFA CARE PTY LTD
info@yafacare.com.au | +61 401 449 998

COMPLAINTS & FEEDBACK FORM

We value your feedback

YAFA Care is committed to providing safe, respectful and quality services. We welcome complaints, feedback, suggestions and compliments from participants, families, representatives, staff and members of the public. Your concerns will be treated seriously, fairly and confidentially.

1 Type of Submission

Please select one:

☐ Complaint ☐ General Feedback ☐ Suggestion ☐ Compliment

2 Your Details

Full Name		**Phone Number**	
Email Address		**Role (staff only)**	

Are you a:

☐ NDIS Participant ☐ Family Member ☐ Representative / Guardian

☐ Support Person ☐ YAFA Care Staff / Worker ☐ Other

Who is your concern about?

☐ A YAFA Care worker (colleague or supervisor) ☐ A participant

☐ YAFA Care service or management ☐ Another person or organisation

Name of the person involved (if known): _____

Would you like to remain anonymous?

☐ Yes ☐ No

3 Details of Your Complaint or Feedback

What is your concern or feedback about?

☐ Accommodation ☐ Staff Behaviour ☐ Participant Behaviour

☐ Quality of Services ☐ Communication ☐ Centrepay / Payments

☐ Safety or Wellbeing ☐ Workplace Issue (staff only) ☐ Other: _____

This form can be used by participants to raise a concern about a worker, and by workers to raise a concern about a participant or a colleague. All are treated fairly and privately. Workplace issues (such as bullying, harassment, pay or rostering) are handled privately by the Business Manager or Director.

Date of Incident	

Please describe your complaint or feedback:

4 Desired Resolution

What would you like YAFA Care to do to address your concern?

Preferred contact method:

☐ Phone ☐ Email ☐ Written Response ☐ No Response Required

5 Additional Support

Do you require any assistance to communicate your complaint?

☐ Yes ☐ No

If yes, please explain:

6 Declaration

I understand that YAFA Care will handle my complaint or feedback respectfully and confidentially, in accordance with its policies and applicable privacy requirements.

Name		Signature (if applicable)		Date	

OFFICE USE ONLY

Date Received		**Received By**	
Complaint Reference No.		**Date Resolved**	
Category (A / B / C)		**Reportable Incident? (Y / N)**	
Investigator		**Date Outcome Given**	
Manager's Name		**Manager's Signature**	
Action Taken			
Outcome / Resolution			

HOW TO SUBMIT THIS FORM

Email: info@yafacare.com.au | Phone: +61 401 449 998 | YAFA Care Pty Ltd

You may also raise a complaint verbally or in person. You do not need to complete this form to make a complaint. Staff may also give this form directly to the Business Manager or Director.

Your right to complain: You will not be treated unfairly or disadvantaged for raising a concern. Participants and staff who raise a concern in good faith are protected in the same way. Anonymous complaints are also accepted.