



Bella Community & Home Care PTY LTD

ABN: 95 670 307 150

7 Celeste Ct Springwood Qld 4127

Telephone: 07 3388 8863

Email: [admin@bellacare.com.au](mailto:admin@bellacare.com.au)

NDIS Provider Number: 432485440

## Complaint & Feedback Form

Date: \_\_\_\_\_

### Do You Need Help Completing This Form?

If someone is helping you, please write their name and role below:

Name: \_\_\_\_\_

Role (e.g. carer, advocate, translator): \_\_\_\_\_

If you need help filling out this form or understanding what happens next, please ask a staff member or request an advocate.

### Your Contact Details (Optional – You may remain anonymous)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like someone to follow up with you?

☐ Yes, please contact me

☐ No, I do not want follow-up

### Type of Feedback

☐ Suggestion

☐ Complaint or concern

☐ Compliment

☐ Other: \_\_\_\_\_

### What Is Your Feedback or Complaint About?

(e.g. support, a team member, a specific incident, facilities, etc.)

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## What Happened?

Please describe what happened:

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Where did it happen? \_\_\_\_\_

When did it happen? \_\_\_\_\_

Who was involved? \_\_\_\_\_

Was there a witness who can be contacted?

☐ Yes ☐ No Name & Contact: \_\_\_\_\_

## Have You Already Spoken to the Person or Service?

☐ Yes ☐ No

If yes, what was the outcome?

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If no, is there a reason? (e.g. safety, cultural reasons)

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## What Would You Like to Happen Now?

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## Attach Any Supporting Documents (Optional)

You can attach letters, emails, screenshots or anything that may help.

## Privacy & Your Rights

Bella Community & Home Care treats all feedback confidentially. You can make a complaint without fear, and you may stay anonymous.

If you prefer, you can also make a complaint directly to the NDIS Commission:

Phone: 1800 035 544 TTY: 133 677

Website: [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)