

## Feedback and Complaints Form

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### 1. Background

Empowerone Support Services welcomes all feedback about the delivery of NDIS supports and services; including compliments and complaints. Where something has gone wrong, it is important to talk about it.

All Feedback may be provided on an anonymous basis. We will take reasonable steps to ensure that any information provided is kept confidential and only disclosed with consent, if required by law, or if the disclosure is otherwise appropriate in the circumstances.

#### 1.1 Our Details

|                       |                                 |
|-----------------------|---------------------------------|
| <b>Representative</b> | Nishant Maniktala               |
| <b>Postal Address</b> | 9 Amadeus Way, Brabham, WA 6055 |
| <b>Phone number</b>   | 0410 003 798                    |
| <b>Email</b>          | info@empoweronegroup.com.au     |
| <b>Website</b>        | www.empoweronegroup.com.au      |

#### 1.2 Rights to access advocates

NDIS Participants have the right to provide feedback, including complaints, about the supports and services they receive. Participants may seek support from a representative, advocate or support person when providing feedback.

Empowerone Support Services will facilitate arrangements for independent advocates and other representatives upon request or as needed.

#### 1.3 Anonymous Feedback

Anonymous Feedback can be provided to us by:

- Calling us and stating that you wish to make an anonymous complaint; or
- Completing this Form, but not including identifiable information, and then posting it to us.

#### 1.4 NDIS Commission

A complaint can be made to the NDIS Commission on an identifiable or anonymous basis. The NDIS Commission handles complaints when:

- something has gone wrong;
- something is not working well;
- something hasn't been done the right way;
- something makes a Participant unhappy;

|                                                           |                                |                   |
|-----------------------------------------------------------|--------------------------------|-------------------|
| <b>Approved By:</b> The Board of Empowerone Group Pty Ltd |                                | <b>Page:</b> 1    |
| <b>Approval Date:</b> April 2026                          | <b>Review Date:</b> April 2028 | <b>Version:</b> 1 |

**Empowerone Support Services ABN 31 694 946 382**  
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- A Participant has been treated badly;
- Someone has concerns about unfair pricing or fraud;
- A Provider didn't act on a previous complaint.

A complaint can be made to the NDIS Commission by:

- Phoning: 1800 035 544 or 133 677. Interpreters can be arranged.
- Phoning [National Relay Service](#) and asking for 1800 035 544.
- Visiting <https://www.ndiscommission.gov.au/about/complaints> and completing a [complaint contact form](#).

## 2. Form

| 2.1 Your Details                                      |                                           |                                         |                                                        |                                 |
|-------------------------------------------------------|-------------------------------------------|-----------------------------------------|--------------------------------------------------------|---------------------------------|
| Name                                                  |                                           |                                         |                                                        |                                 |
| Phone number                                          |                                           |                                         |                                                        |                                 |
| Email                                                 |                                           |                                         |                                                        |                                 |
| Preferred contact method                              | <input type="checkbox"/> Phone            | <input type="checkbox"/> Email          | <input type="checkbox"/> None                          |                                 |
| Engagement with Empowerone Support Services           | <input type="checkbox"/> NDIS Participant | <input type="checkbox"/> Representative | <input type="checkbox"/> NDIS Provider                 | <input type="checkbox"/> Other: |
| Are you providing feedback on behalf of someone else? | <input type="checkbox"/> No               | <input type="checkbox"/> Yes            | If Yes, provide details (eg Participant's Translator): |                                 |
| Do you need help completing this Form?                | <input type="checkbox"/> No               | <input type="checkbox"/> Yes            | If Yes, provide details (eg interpreter):              |                                 |

## **2.2 Feedback**

**Please provide  
your Feedback  
here.**

*(Please attach further pages to this form if your description does not fit in this box)*

## **2.3 Outcomes**

**What outcomes  
would you like to see  
as a result of your  
Feedback?**

*(Please attach further pages to this form if your description does not fit in this box)*

Execution

Signed by the Participant:

..... Date: ...../...../.....  
Signature

.....  
Name (please print)

Signed by the Representative for the Participant:

..... Date: ...../...../.....  
Signature

.....  
Name

.....  
Capacity (e.g. Plan Nominee / Guardian / Attorney / Other)