

Submitting a complaint

If you wish to make a formal written complaint, please fill in the form below and send to one of the following:

- **Email to:** admin@abilityhs.au or stephen@abilityhs.au
- **Post to:** Ability Health Solutions, PO Box 2270, Oakleigh, VIC, 3166

If you are unable to fill out the form, you may make a verbal formal complaint.

- **Please call:** 9569 9941.

What happens when you make a complaint?

We will resolve your complaint as quickly as possible. Our Complaints procedure requires that we:

- Take immediate action where there appears to be a high risk of harm, neglect, or abuse
- Acknowledge complaints within 24 hours of a serious complaint, or 5 working days for routine complaints from receipt.

When we contact you / representative (as identified contact person within complaint form) to discuss the complaint we may ask you to provide more information to help us understand the nature of your complaint.

Complaints can be resolved in many different ways and the Director who is handling your complaint will formally advise you of the outcome.

If you are dissatisfied with the outcome of your complaint or how it was handled, you can follow up the complaint further with relevant external services. These may include:

Commonwealth Ombudsman

- 1300 362 072 <https://www.ombudsman.gov.au/>

Health Complaints Commissioner

- 1300 582 113 <https://hcc.vic.gov.au/>

NDIS Quality and Safeguards Commission (NDIS Commission) - 1800 035 544

- <https://www.ndiscommission.gov.au/about/complaints-feedback/complaints>

Independent advocacy: you can also use an advocate to assist in making a complaint. This may be a family member, friend, trusted decision-maker or appropriate advocacy service. Ability Health Solutions can assist the participant to access an advocate as required by referral to appropriate service. Options for advocacy services include:

- **Disability Advocacy Victoria:** <http://www.disabilityadvocacyvic.org.au/> - 9489 2999
- Additional advocacy services can be found via:
 - **Disability Advocacy Finder** <https://disabilityadvocacyfinder.dss.gov.au>
 - **Disability Advocacy Resource Unit:** <http://www.daru.org.au/organisations>

Part A – Client / Participant details (relating to Complaint)

Full Name	Click or tap here to enter text.
Claim/Participant Number (if relevant)	Click or tap here to enter text.
Address	Click or tap here to enter text.
Phone Number	Click or tap here to enter text.
Email Address	Click or tap here to enter text.
Preferred Contact Method	Click or tap here to enter text.

Part B – Complainant details (i.e. person making the complaint if different to above – family member, nominee, representative, other)

Full Name	Click or tap here to enter text.
What is your relationship to the client/participant?	Click or tap here to enter text.
Does the client/participant know you are making this complaint?	Click or tap here to enter text.
Does the person consent to the complaint being made?	Click or tap here to enter text.
Organisation (if relevant)	Click or tap here to enter text.
Address	Click or tap here to enter text.
Phone Number	Click or tap here to enter text.
Email Address	Click or tap here to enter text.
Preferred Contact Method	Click or tap here to enter text.

Part C – Complaint details (i.e. what is the complaint about)

Please provide details to help us understand the complaint and concerns. You may include what happened, where it happened and who was involved &/or any issues with the service etc.

Click or tap here to enter text.

Part D – Who is your complaint about? (when relevant)

Please provide details (if known) of the person about whom you are complaining

Name	Click or tap here to enter text.
Phone Number	Click or tap here to enter text.
Email Address	Click or tap here to enter text.
Person's relationship to you (e.g. Occupational Therapist)	Click or tap here to enter text.
Please advise what outcomes/resolution you are seeking?	Click or tap here to enter text.

Part E – Further / Additional information

Where available or relevant, please provide any additional or supporting information / documentation that may help us investigate your complaint.
Click or tap here to enter text.
Have you made a complaint about this matter to another agency? E.g. Health Care Complaints Commission, Ombudsman, NDIS Quality and Safeguards Commission. If yes, please provide details of the agency to which you made your complaint and outcome.
Click or tap here to enter text.

☐ **Please check this box to consent to Ability Health Solutions providing information to a third party to resolve your issue if required.**