

Complaint Form

Thank you for taking the time to make a complaint.

We love getting complaints at Leisure Networks! Yes, really! Complaints help us to improve our supports to you and to our other customers.

Making a complaint will not impact the supports we provide to you. You do not have to provide your name or contact information if you do not want to. If you do not provide your contact information, we will not be able to talk to you about your complaint, but we will still take action to try and get it right next time.

If you would prefer to speak to someone about your complaint, you can call the office on 03 5222 3911.

Our promise to you

Please fill in the form below with the details of your complaint.
You can then email your completed form to assist@leisurenetworks.org
or post or drop it into 4 Verner Street, Geelong VIC 3220

1. Your complaint will be viewed within 2 business days and a Leisure Networks team member will be in contact with you within this time if you provide your contact information.
2. Whether you lodge your complaint using this form or by phone, we will carry out a thorough investigation of your complaint within 7 business days and provide you with information of how we will try harder to stop it from happening again in the future.
3. We will follow up with you again after 14 days to ask you if the action we have taken is helping.

If you are not happy with Leisure Networks' response, please let us know.

You can also make a complaint to the NDIS Quality and Safeguards Commission by calling 1800 035 544 or by filling in a form on their [website](#).

DATE _____

NAME OF CUSTOMER (OPTIONAL)

First Name _____ Last Name _____

NAME OF PERSON COMPLETING THIS FORM (OPTIONAL)

First Name _____ Last Name _____

WHAT IS YOUR RELATIONSHIP TO THE CUSTOMER? _____

Does the customer know you are making a complaint? YES NO

Does the customer consent to the complaint being made? YES NO

PLEASE ONLY COMPLETE THIS SECTION IF YOU HAVE GIVEN US YOUR NAME

Who should we discuss the complaint with? Customer Person completing the form

Phone _____ Email _____

Preferred method of contact Phone Email Either

WHAT IS YOUR COMPLAINT ABOUT?

Please include details to help us understand your complaint. You can include information about the incident or service that you are unhappy about

WHAT ACTION WOULD YOU LIKE TO SEE FROM THIS COMPLAINT?

Have you made a complaint to the NDIS Quality and Safeguards Commission YES NO