



Complaints / Feedback Intake

ALL CHOICE DISABILITY SERVICES

ABN: 98 325 758 569

Catch phrase: "It's your choice with All Choice!"

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Operational + Postal address (WA): 3 Bronzewing Turn, Wandina WA 6530

NSW postal (occasional correspondence only): 106 Wingham Rd, Taree NSW 2430

Operating regions:

NSW: Taree / Mid Coast (established)

WA: Geraldton / Midwest (startup expansion)

Provider type:

All Choice Disability Services is an unregistered NDIS provider supporting self-managed and plan-managed participants. We operate in alignment with the NDIS Code of Conduct and relevant Australian, NSW and WA laws. We also adopt key elements of the NDIS Practice Standards as a best-practice quality and safeguards framework.



DOCUMENT CONTROL

Document title: Complaint / Feedback Intake

Document ID: AC_FRM_108

Version: 1.3

Effective date: 09/02/2026

Review due: 09/02/2027

Approved by: Owner/Director – Ramari Carter

Applies to: Employees, plan-managed/self-managed participants and their representatives (if required)

Confidentiality: External and/or Internal

Storage location: Complaints register + secure file

1) RECEIVED FROM	
Received from	<input type="checkbox"/> Participant <input type="checkbox"/> Family/nominee <input type="checkbox"/> Referrer <input type="checkbox"/> Staff <input type="checkbox"/> Other: _____
Name:	
Contact details:	
Date received:	
How received:	<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> in person <input type="checkbox"/> other: _____



2) PARTICIPANT (IF APPLICABLE)	
Name:	
NDIS number:	

3) COMPLAINT / FEEDBACK DETAILS (FACTS)	
What happened / what is the concern?	

4) DESIRED OUTCOME	
Desired outcome (ask the person)	



5) RISK RATING	
Risk rating (tick)	<input type="checkbox"/> Urgent safety risk (escalate immediately) <input type="checkbox"/> Not urgent, but important <input type="checkbox"/> General feedback/compliment

6) ACTIONS TAKEN IMMEDIATELY	
List the actions taken immediately	

TIMEFRAMES:	
- Acknowledge within 2 business days	(date acknowledged: __/__/__)
- Target resolution within 21 days	(resolution date: __/__/__)

OUTCOME / RESOLUTION SUMMARY:	
Complainant advised of outcome?	<input type="checkbox"/> Yes Date: __/__/__ <input type="checkbox"/> No
External option provided (NDIS Commission):	1800 035 544 https://www.ndiscommission.gov.au/complaints
HANDLED BY	
Name:	
Sign:	
Date:	