

**– NDIS Complaint Form –**

At PsyAx, we try to make it easy for you to directly provide us with feedback, compliments, or a complaint. You can do this at [www.psyax.com.au/feedback](http://www.psyax.com.au/feedback). However, we understand that sometimes you may prefer to make a complaint directly to a governing organisation or agency.

This form is for PsyAx NDIS clients who wish to make a complaint directly to the NDIS Quality and Safeguards Commission. NDIS clients can complete this form and send it the following ways:

- email: [feedback@ndis.gov.au](mailto:feedback@ndis.gov.au)
- post: National Disability Insurance Agency, GPO Box 700, Canberra ACT 2601.
- drop off: any National Disability Insurance Scheme [office location](#)

**PsyAx client name:**

**NDIS number:**

**Fill in the information below if you are completing this form on behalf of a PsyAx client.**

**Your name:**

**Relationship to client:**

**Does the client know you are making this complaint?**

**Does the client consent to the complaint being made?**

**Fill in the information below if someone is assisting you to make the complaint, e.g. a family member, your nominee, or representative.**

**Name of person assisting with complaint:**

**Organisation (if applicable):**

**Email:**

**Contact Number:**

**Details of person / organisation you are making a complaint about:**

**Name of organisation:** PsyAx

**Name of person:**

**Address:** Level 27, 101 Collins St, Melbourne VIC 3000

**Contact number:** 1300 455 677

**Email:** [info@psyax.com.au](mailto:info@psyax.com.au)

**What is the person / organisation's relationship to you?**

**What is your complaint about? e.g. who was involved, when did it happen?**

**What outcomes are you seeking?**

**Supporting information**

**Please attach copies of any documents that may help us investigate your complaint (for example letters, references, emails). If you cannot do this, please tell us what you think we should obtain.**

**Have you made a complaint about this to another agency? (please circle)**

YES / NO

**If yes, please provide details of the agency to which you made your complaint and any outcome. Please also attach copies of any letters you have received from that agency.**

Please check this box to consent to the National Disability Insurance Agency providing information to a third party (e.g. a Provider or another jurisdiction) to resolve your issue.

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