Brilliant Care	Form02A. Feedback & Complaint Form	
Doc No: Form02A	Version No: 01	Version Date: 24/06/2026

- This form can be used to provide compliments, suggestions, general feedback, or make a complaint about any aspect of Brilliant Care's services or organisation.
- We value all feedback and use it to continually improve the quality, safety, and effectiveness of the supports and services we provide.
- All information you provide will be treated confidentially and managed in accordance with our Privacy Policy.
- If you require assistance completing this form, please speak with a member of our team or contact our office. We are happy to support you through the process.
- We welcome feedback in any form. Whether you choose to identify yourself or remain anonymous, your feedback helps us improve our services and the experience of those we support.
- We aim to acknowledge your feedback promptly and respond in accordance with our Feedback and Complaints Management Policy.
- If you are not satisfied with the outcome of your complaint, you may contact the NDIS Quality and Safeguards Commission on 1800 035 544 or visit www.ndiscommission.gov.au.

Type of Feedback:

☐ Compliment ☐ Suggestion ☐ General Feedback ☐ Complaint ☐ Other_____

Who is providing this feedback?

☐ Participant ☐ Family Member / Carer ☐ Worker ☐ NDIS Representative ☐ Other_____

Part A – Your Details

(Complete this section if you would like us to contact you regarding your feedback. If you prefer to remain anonymous, you may leave this section blank.)

If this feedback is being raised anonymously, this can be posted by mail to the company's address.

Date	
Full Name	
Address (optional)	
Phone No.	
Email Address	

Would you like a representative, nominee or support person involved regarding this feedback?

☐ Yes ☐ No

Name of legal representative/support person _____

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Are you providing this feedback on behalf of someone else? ☐ Yes ☐ No	
If yes, please complete the following:	
Name of person	
What is your relationship with that person?	
Does this person know you are submitting this form on their behalf? (If applicable)	☐ Yes ☐ No
Part B – Your Feedback	
Please tell us about your feedback. *Please provide as much detail as possible. This may include what happened, when and where it occurred, who was involved (if applicable), and any other information you think may assist us.*	
Were there any witnesses or other people involved? If yes, and you are comfortable doing so, please provide their name and contact details below. This may assist us in reviewing your feedback where appropriate.	
Full Name	
Contact Details	

Part C - Is there anything you would like us to do in response to your feedback?	
Signature	
Please return this completed form using one of the following methods:	
Email:	info@brilliantcare.com.au
In person	Deliver to the Brilliant Care Head Office.
Post:	Suite 204/204A, 49 North Parade, Mount Druitt NSW 2770.

OFFICE USE ONLY

Office Use Only			
Date Received:			
Received By:			
Acknowledgement Sent?	☐ **Yes** ☐ **No**		
CI Reference Number:			
Date Closed?			
Signature		**Date**	