



How to Make a Complaint

Brightt is committed to learning from feedback and complaints and ensuring all participants and their representatives feel comfortable and safe to provide feedback or make a complaint and to have their concerns addressed in ways that ensure access and equity and fairness.

Brightt will accept complaints made by a person on their own behalf or by a person on behalf of someone else. In the first instance, we encourage you to first talk to the person concerned before making a formal complaint to see if the issue can be worked out. Otherwise, a complaint can be reported to Brightt's Operations manager at info@Brightt.com.au.

A complaint form can be found below. Complete the complaint form and return to the Brightt email, info@brightt.com.au. If you are unable to complete the form, you can contact us directly to provide the complaint verbally on 8221 5412. The worker will record the complaint in writing.

Within 7 working days you will receive written acknowledgement of your complaint. This communication will explain what is being done to investigate and resolve your complaint and who to contact for more information. Your complaint will be stored in a file which has restricted access to ensure matters are dealt with in a sensitive manner.

Brightt management will investigate and resolve all complaints within a month of receiving the complaint unless the matter concerns a serious safety concern in which case the complaint will be addressed immediately. If this timeframe cannot be met, you will be informed of the reasons why and of the alternative timeframe for resolution.

If you feel you need more support with your complaint or are unsatisfied with how we have overseen your complaint, you may wish to also raise your complaint with:

NDIS complaints commission: <https://www.ndiscommission.gov.au/about/complaints>

SA Ombudsman www.ombo.sa.gov.au

Health Care Complaints Commission: www.hccc.nsw.gov.au

Australian Government Office of the Privacy Commissioner: for complaints relating to the Privacy Act 1988. www.privacy.gov.au/privacy_rights/complaints/index.html

Brightt understands that the subject of complaints may be sensitive in nature and we respect your right to confidentiality wherever possible. If external advice is required while responding to your complaint, it will be sought anonymously, or we will contact you to seek your consent. We may need to discuss your complaint with the subject/s of the complaint to give them an opportunity to respond to the issue.



Participant Complaint Form

1. Person's details

Title (Mr, Mrs, etc)	Family name (surname)	Given names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone number we can call you on	NDIS number		
<input type="text"/>	<input type="text"/>		
Best time of day to call you? (CIRCLE OR TICK)			
<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> After hours	
Email address (if applicable)			
<input type="text"/>			

2. Details of person, worker or service involved in this complaint

Name			
<input type="text"/>			
Street address	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home telephone number	Business telephone number	Mobile telephone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address (if applicable)			
<input type="text"/>			

3. Details of the incident or issue

Date of incident
<input type="text"/> / <input type="text"/> / <input type="text"/>

Description of what happened

4. Details of what you want the outcome to be?

- I am making the complaint on behalf of myself
- I am making the complaint on behalf of someone else

Name (if providing feedback / making complaint on behalf of someone else include the name person you are assisting here.)

Contact phone number of person making report:

Primary: _____ Mobile: _____

Email: _____

Please attach any documents that may help us to resolve your complaint (e.g. correspondence).

Full Name: Signature:

..... Date:

.....

Documents attached Yes / No

Office use only

Complaint received by

Date received

/ /

In person

In writing

Action taken or required

Date action completed

Signature

X

Person Centred Complaint Form

What's working?

What's not working?

Circle how you feel about this?



What would you like to change?

