



Compliments, Complaints and Feedback Form

Help us improve our service by completing this form

Date ____/____/____

Your Name (optional) _____

Is this feedback on another person's behalf?

Yes ☐ No ☐

Their name (optional) _____

Relationship to participant _____

Compliment ☐ **Complaint** ☐ **General Feedback** ☐

1. Do you feel that M&M Support Solutions have addressed your NDIS plan effectively?
Yes ☐ No ☐
2. Do you feel that M&M Support Solutions have effectively provided you with a choice of a variety of Providers and Advocacy if required?
Yes ☐ No ☐
3. Do you feel that M&M Support Solutions has engaged with you effectively?
Yes ☐ No ☐
4. On a scale of 1 to 10, how likely are you to recommend M&M Support Solutions to other NDIS participants?
(least likely) 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 (most likely)

Further comments you would like to make about M&M Support Solutions?

Would you like to see any changes that would improve our services?

Would you like us to contact you regarding this feedback?

Yes ☐ No ☐

If yes, please provide contact details

We value your feedback. Thank you for taking the time to do so.

Action taken by management:

Date:

Signed: