

Social Futures NDIS and LAC feedback form

Delivering the NDIS in your community

Feedback type: Compliment Concern Complaint

Name of person providing feedback:	
Address:	
Telephone:	Email:

Feedback details (attach any supporting correspondence)

Signed:	Date:

How would you like us to contact you regarding the outcome?

In writing Telephone Email Not required

Office use only

Feedback received: In writing Telephone Email In person

Feedback received by: _____

Date feedback received: _____ Feedback log number: _____

Please return this form to *NDIS Partner Social Futures, 256 Molesworth Street, Lismore NSW 2480.*