Renewed Paths Pty Ltd Trading As

GOODROSE Support Coordination

Complaints and Feedback Form

Goodrose welcomes feedback of all kinds whether it is positive, constructive or a complaint. We want to hear from you to ensure we are continuing to deliver the best service possible.
To give your feedback or let us know you are not happy with the provision of supports, you can contact Goodrose on the details below.

Email: hello@goodrose.com.au
Phone Number: 0474 267 679

Alternatively, if you are not satisfied with our resolution process, the Participant can contact:

NDIS (National Disability Insurance Scheme)

- 1800 800 110
- https://www.ndis.gov.au/

Or

NDIS Quality and Safeguards Commission

- 1800 035 544
- https://www.ndiscommission.gov.au/
- https://ndiscommission.gov.au/contact-us/makeacomplaint

Goodrose has an official complaint register that is confidential for recording information regarding complaints and their subsequent review.

You are welcome to use the below template to assist you with your submission

Person Making the Complaint/Feedback	
Name	
Address	
Phone	
Email	
Preferred Contact Method	
Making the complaint anonymously?	1.Please Note That If You Are Making Your Complaint Anonymously, We May Be Unable to Respond to Your Complaint And Inform You About Our Actions. 2. Leave The Personal Information Sections Blank If Complaint Anonymously

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If you are making the complaints/feedback on behalf of another person please provide the following details.	
Your Name	
What Is Your Relationship to The Person?	
Does The Person Know You Are Making This Complaint/Providing Feedback?	
Does The Person Consent to The Complaint/Feedback Being Made?	
Preferred Contact Method	

Who is the person, or the service about whom you are complaining or providing feedback about?	
Your Name	
Contact details (if known)	
What Is Your Complaint/Feedback About? Provide some details to Help Us Understand Your Concerns. You Should Include What Happened, Where It Happened, Time It Happened and Who Was Involved.	

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Who is the person, or the service about whom you are complaining or providing feedback about?	
Supporting Information: Please Attach Copies of Any Documentation That May Help Us to Investigate Your Complaint/Feedback (For Example Letters, References, Emails).	
What outcomes are you seeking as a result of the Complaint/Feedback?	
Date action completed	
Signature	

Office Use Only	
Complaint received by:	
Date Received:	
Action Taken:	

Version Control Table

Drafted By	Version Control Month/Year	Next Review Month/Year	Reviewed and Authorised By	Amendment
Healthcare Consulting	01/12/2024	02/12/2025	Healthcare Consulting	Creation
Goodrose	15/12/2025	15/12/2026	Director, Goodrose	Update
Goodrose	06/03/2026	06/03/2027	Director, Goodrose	Update
Goodrose	05/05/2026	05/05/2027	Director, Goodrose	Update