

## Please fill out the form below.

All fields marked with an asterisk (\*) are required.

If you think a decision made by the NDIA about you is wrong, you can ask for an internal review of a decision by [submitting an enquiry in the Service Hub](#).

What type of feedback do you want to send?\*

- Feedback
- Complaint
- Compliment

Have you contacted the Agency about this matter before?

- Yes
- No

Please provide information about the previous contact

Your message and follow-up

Your message\*

Please provide your description of the feedback, complaint or compliment.

What actions do I want to happen?

For example, do you want someone to contact you, or take a specific action?

Your details

First name\*

Last name

NDIS number\*

Your NDIS number or the NDIS number of the participant you represent.

Email\*

Phone\*

Postcode\*

Submit

## Please fill out the form below.

All fields marked with an asterisk (\*) are required.

If you think a decision made by the NDIA about you is wrong, you can ask for an internal review of a decision by [submitting an enquiry in the Service Hub](#).

What type of feedback do you want to send?\*

- Feedback
- Complaint
- Compliment

Have you contacted the Agency about this matter before?\*

- Yes
- No

Please provide information about the previous contact

Your message and follow-up

Your message\*

Please provide your description of the feedback, complaint or compliment.

What actions do I want to happen?

For example, do you want someone to contact you, or take a specific action?

Your details

First name\*

Last name

NDIS number\*

Your NDIS number or the NDIS number of the participant you represent.

Email\*

Phone\*

Postcode\*

Submit