Incident Reporting Form

Purpose

This form should be used when an incident of abuse, serious towards a person with a disability occurs, to who we provide service. This form is to record what happened, what investigations occurred, and what was done to prevent future inquiry or illness in relation to this incident, where applicable. This form will support you to determine if the incident is reportable to the NDIS Commission, or other authority bodies.

Please complete all sections and contact your direct supervisor if you need assistance.

Personal Details

Title/Full Name	
Position	
Email	

Incident Details

Time	
Date	
Location	
Witness/es (if any)	
Person/s involved	

Create
A Sense of Place

Was the incident involving a child?	Yes / No
If Yes, has a mandatory report been made?	Yes / No
If Yes, please attach report and any other documentation and/or enter details below	
Is file attached?	Yes / No
Further details	
Person Responsible contact details (Parent/guardian)	
If No report has been made, please explain why not	
Has the report been made to the Police?	Yes / No
If yes, date the report was made	
If Yes, please attach report and any other documentation and/or enter details below	
Is file attached?	Yes / No
Further details	

Reportable Incidents

Incidents which must be reported to the NDIS Commission:

- the death of a person with disability;
- serious injury of a person with disability ;
- abuse or neglect of a person with disability;
- unlawful sexual or physical contact with, or assault of, a person with disability;
- sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity;
- the use of an unauthorised restrictive practice in relation to a person with disability.

Incident – Nature of Incident

Nature of Incident (please circle)	Death Serious Injury Abuse Neglect Sexual/Physical Assault Sexual Misconduct Unauthorised Restricted Practice
Is this a reportable incident? Incidents must be reported within 24 hours of being made aware, with a further report submitted within 5 business days	Yes / No

Full Incident Details

What happened, or in the case of a near miss, what could have happened?	
Have you reported the incident to the NDIS Quality and Safeguards Commission?	Yes / No

If Yes – please attach reports and any documentation	
Is file attached?	Yes / No
Date Reported	
If No – please explain why not	

Was somebody injured?	Yes / No

Injuries

Name of Person/s Injured	
Type of Injury	Abrasion/Laceration Bruise Fracture/Broken Bone Sprain/strain Internal Injury Burn Concussion Dislocation
Location of Injury	Head/face Arm Leg Torso Foot/toes Hands/fingers

Follow Up

What else do we need to do?	

Immediate Actions:	
What controls can be put in place to prevent this from happening again?	
Recommendations for Actions:	
Who is responsible to implement these controls/corrective actions?	
Date by which action is to be taken:	

Signatures

Person Completing Report - Name	
Signature	
Date	

Director - Name	
Signature	
Date	

Important Contact Information
NDIS Commission and Safeguards
P: 1800 035 544
E: reportableincidents@ndiscommission.gov.au

NSW Child Protection
P: 132 111
W: https://reporter.childstory.nsw.gov.au/s/mrg (you can lodge an E-Report)

Please refer to our Incident Reporting Policy for further information