

NDIS Client Incident Form

Date of report:	
Name of person reporting:	
Name of Manager / team member receiving report:	
Was support offered to the person making the complaint?	

Incidents which must be reported to the NDIS Quality and Safeguards Commission:

Reportable incident	Required timeframe
death of a person with disability	24 hours
serious injury of a person with disability	24 hours
abuse or neglect of a person with disability	24 hours
unlawful sexual or physical contact with, or assault of, a person with disability	24 hours
sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity	24 hours
the use of a restrictive practice in relation to a person with disability if the use is not in accordance with a required state or territory authorisation and/or not in accordance with a behaviour support plan.	Five business days

Does the incident need to be referred to the NDIS Quality and Safeguards Commission
Yes / No

Date of referral:
Details of follow up from the NDIS Quality and Safeguards Commission:
Follow up and actions from NDIS Quality and Safeguards Commission:

How this incident came to the attention of planHELP:
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Date of incident / event:
Time of incident:
Location of incident:

Details of the incident: (detail if multiple accounts are provided who is reporting and when)

Witnesses to the incident		
Name of witness:	Relationship:	Date of witness report:
Witness version of events:		
Witness signature:		

Was a hazard reporting and risk prevention form completed?	Yes / no	Date completed
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Was an updated risk assessment completed?	Yes / no	Date completed
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Follow up and next actions:

Date	Details	Staff member

Was the person supported to access an independent advocate? Yes / No / Declined/ Not Necessary
Was support provided throughout the reporting process? Yes / No / Declined
Detail of support offered:
Was the person supported to access another service? Yes / No / Declined/ Not Necessary
Name of alternative Provider: Date of referral:

Signed by person reporting incident

Signed by staff member

Name of person reporting incident

Name of staff member