



Complete a 5-day Report for a Reportable Incident After a 24-hr Report is Submitted

Use this guide to complete a 5-day report for a reportable incident. You can do this when you first report an incident, or to update a report you submitted earlier.

Before you get started

- Make sure you are logged in to the **new NDIS Commission portal** using **myID**. You will need access permissions to submit reports. If you haven't yet logged in, follow the instructions on [Registered Providers Portal Login page](#).
- You will need to access the **partially completed 5-day report** from the 'My Drafts' tab.
- At any step, if you do not have all the information available, you can use the **Save as draft** feature at the bottom of each page and come back to your drafts later to complete the report.

Prepare your submission

1. Initiate the Report:

- Select **Reportable Incidents** tile or option from the top menu bar.
- Navigate to the **Manage reportable incidents** section at the bottom of the screen.
- Click into and open the **Reportable Incident record**.
- Click on **Start 5 day report**.

The screenshot shows the NDIS Commission portal interface. At the top, there is a navigation bar with links: Home, My applications, My registration, Worker screening, My participants, Behaviour support, and More. Below this is a large purple header with the text 'Reportable incidents'. Underneath the header, there is a section for 'Reportable incident ID' with the value 'ID - 00006434'. To the right of this ID, a red arrow points to a button labeled 'Start 5 day report'. Below the ID, there is a table with the following information:

Status	Primary Category	Participant ID	Participant Name
24 hour submitted	Neglect of a PWD	6284745620	[Redacted]

Step 1: Incident overview

1. **Review the information** you had entered in the report at 24 hours. You should update and correct any information initially submitted in the 24-hour report. Provide further detail that now may be evident.

Step 1

Incident overview

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

Incident type

Primary category

Neglect of a PWD

SUB-CATEGORY	CAUSE
Clothing/food	Other

You can add subcategories and causes identified as part of this reportable incident, if applicable.

SUB-CATEGORY	CAUSE
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+ Add sub category

Steps

- 1. Incident overview
- 2. Contact and person(s) involved
- 3. Incident assessment
- 4. Additional information
- 5. Review and submit

2. Scroll down to the 5-day **additional information** section.
3. Enter in any amendments to the information you had submitted at 24 hours.
4. Click **Next step**.

5 day - additional information

If you have previously advised us that the participant was unsafe, or you were unsure about the participant's safety, please provide an update in relation to their safety now.

* Please provide any amendments to the information you had submitted at 24 hours

Save as draft

Next step >

Step 2: Contact and person(s) involved

1. **(Optional) Point of Contact:** Click + Add a point contact, search and select an additional contact person, choose their role, and click **Save**.

Point of contact

Provide the contact details for at least one person who we can contact if we need to ask more questions about this incident. The provider nominated contact(s) are the people who are best placed to answer any questions or provide any additional information to the NDIS Commission in relation to the reportable incident.

Name	Phone	Email

Who is the point of contact for this incident?

NAME	PHONE	EMAIL


[+ Add a point contact](#)

2. Confirm if there were other person(s) involved, or add the person(s) involved if any other parties have been identified.
3. **(Optional)** Enter in any amendments to the information you had submitted at 24 hours. You can provide updates about the information you have provided for existing involved person(s) in the amendments field.
4. Click **Next step**.

Person(s) involved

Includes all parties involved in an incident - which could be a worker, participant or any other person who may have been involved with, responsible for, aware of, or handling the incident.

If you can't find a participant/worker/provider-related contact, please save your report as draft, create the relevant contact and then complete your report.

If Person(s) involved are unknown at time of 24 hour submission, please update with the submission of your 5 day report as applicable.

* Were there other person(s) involved? (Select an option)

☐ Yes
☒ No

5 day - additional information

Please provide any amendments to the information you had submitted at 24 hours (Optional)

[Save as draft](#)
[< Previous step](#)
[Next step >](#)

Step 3: Incident assessment

1. **Outstanding Risks:** Confirm if there are any remaining or ongoing risks to the participant or others (Yes/No). If yes, there will be further information to enter.
2. **Further Improvements:** Select any planned actions or policy/process improvements.
3. **Participant Consultation:** State how the participant was consulted about the incident and check how their views were considered as applicable.
4. **Risk Assessment:** Confirm if a formal Risk Assessment has been completed (Yes, No, or In progress).

5. Click **Next step**.

Step 3

Incident assessment

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

*Are there any outstanding risks to the participant or others? (Select an option)

☐ Yes

☒ No

*Have you taken any further action or are planning any further improvements in response to this incident? (Select multiple if required)

☐ No actions taken

☒ No actions required

☐ Accommodation options

☐ Advocacy engaged

☐ Counselling/mental health support

☐ Guardianship application

☐ HR investigations/action

☐ Individualised plans reviewed

☐ Medical/Healthcare

☐ Participant/support people's feedback implemented

☐ Police

☐ Policy/procedures updated

☐ Practice/process review

☐ Seeking funding/change of circumstance

☐ Staffing changes

☐ Support ratios/rosters reviewed

☐ Worker training

☐ Other

*How have you considered the participant's views during the management of the incident? (Select multiple if required)

☐ Not considered

☒ Consultation with key support people

☐ Facilitated communication supports

☐ Feedback sought/considered

☐ Informal discussion

☐ Participant choices heard/actioned

☐ Participant initiated/led the review of the incident

☐ Plans reviewed/developed together

☐ Other

Steps

1. Incident overview

2. Contact and person(s) involved

3. Incident assessment

4. Additional information

5. Review and submit

Step 4: Additional information

1. **Check which documents you should upload.** Always include your internal incident report and any documents about keeping people safe. Include records to support the actions taken in the Incident Assessment (e.g. Risk assessments, Shift notes, Medical reports, HR documentation).
2. Click **Upload Files** or drag and drop your files. Make sure the total size of all files is less than 100 MB.
3. Click **Next step**.

File upload instructions

Please upload relevant documents to support your reportable incident submission. Make sure your documents are clearly labelled and relate to the reportable incident that you are submitting.

For clear file names, include:

- Descriptive file name
- Document/record type
- Date of record

Important information

Documents must be complete, current, and easy to read. Upload each document as a separate file. Do not include special characters in file names, incomplete, incorrectly named, or unclear documents.

File requirements

Accepted file formats: DOC, DOCX, JPEG, JPG, MSG, PDF, PNG, XLS, XLSX, TXT, MP4, avi, mpeg, MP3, aif, wav
Maximum file size: Under 100 MB accepted.

Or drop files

Step 5: Review and submit

1. Check that all your information is correct on the summary screen.

Step 5

Review and submit

Incident overview

Incident type

Primary category
Neglect of a PWD

24 hour information

SUB-CATEGORY	CAUSE
Clothing/food	Other

Impacted person

Who is the impacted participant?
[REDACTED]

Steps

- 1. Incident overview
- 2. Contact and person(s) involved
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2. Check the **Declaration** box to agree that all information is correct.
3. Click **Submit**.

Declaration

☒ To the best of my knowledge, the information provided in the submission of this reportable incident is true, correct and accurate. I understand and acknowledge that the giving of false or misleading information, knowing that the information is false or misleading, to the Commonwealth is a serious offence under section 137.1 of the schedule to the Criminal Code Act 1995 which attracts a maximum penalty of imprisonment for 12 months.

[Save as draft](#)

[< Previous step](#)

[Submit](#)

- Record the **Reportable Incident ID** shown on the confirmation page for your records.

Reportable incident acknowledgement

Thank you for submitting a 5 day notification with the NDIS Commission. We have received your information.

Reportable Incident ID

00006434

Date Submitted

30-09-2026

Submitted by

[REDACTED]

Next Steps

No further information is required from you. If additional details are needed, we will contact you. Please be reminded that you are obligated to provide the NDIS Commission with immediate notification of any significant new information, developments, or changes relating to this incident. Failure to report new information may constitute non-compliance with your incident management and reporting responsibilities.

[Back to portal home](#)

Steps

☒ Acknowledgement