



Create a Reportable Incident for Your Own Supports and Services

Use this guide to report an incident that has occurred in connection with your own organisation's supports and services.

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](#).
- Multiple Reportable Incidents can be reported for the same incident as required.
- If you need help understanding these categories, sub-categories and causes, refer to our [Glossary guide](#).
- 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 the **Reportable Incidents** tab from the top menu bar.
- Click **Create reportable incident**.

NDIS Quality and Safeguards Commission

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Reportable incidents

Create a reportable incident

Reportable incidents are serious incidents or alleged incidents which result in harm to a NDIS participant and occur in connection with NDIS supports and services. Registered NDIS providers must report all reportable incidents, including allegations to the NDIS Commission. Providers are responsible for properly managing all incidents, keeping participants safe, and meeting any other reporting requirements (for example: police, child protection, or health authorities).

You can notify us of a new reportable incident by selecting 'Create reportable incident' below.

[Create reportable incident](#)

- Read through the on-screen instructions.
- Select **My supports and services** and click **Start report**.

* Is this incident in relation to your supports and services (Select an option)

☒ My supports and services

☐ Another registered provider's supports and services

☐ Not in connection with NDIS supports and services

Guidance Information

The supports and services that are being delivered by your registered organisation to assist a NDIS participant. Incidents that have occurred or alleged to have occurred that are not in connection with NDIS supports and services are not reportable incidents.

Privacy Information:

Any personal information we collect, is managed in accordance with our obligations under the privacy Act, and the NDIS Act. More information on our Privacy Collection Statement, can be found on our [website](#).

[Start report >](#)

Step 1: Incident description

1. **Primary category:** Select the primary category that has resulted in the most impact for the participant. Noting that any use of unauthorised restrictive practice must always be reported separately depending on the category you choose, the system may also ask you to add sub-category and causes.

Step 1

Incident description

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

Registered NDIS providers must report all reportable incidents, including allegations to the NDIS Commission.
If an incident could fit into more than one category (except Unauthorised Use of Restrictive Practice), choose the category that caused the most harm or impact to the participant.
All cases including Unauthorised Use of Restrictive Practice(s) must be reported separately.
Providers are responsible for properly managing all incidents, keeping participants safe, and meeting any other reporting requirements (for example: police, child protection, or health authorities).
If a provider does not report, investigate, or manage reportable incidents as required, they breach their NDIS registration conditions and may face compliance or enforcement action from the NDIS Commission.

Incident type

*** Primary category (Select an option)**

- ☒ Abuse of a PWD
- ☐ Death of a PWD
- ☐ Neglect of a PWD
- ☐ Serious Injury of a PWD
- ☐ Sexual Misconduct
- ☐ Unlawful Physical Contact
- ☐ Unlawful Sexual Contact
- ☐ Unauthorised Restrictive Practice

Steps

- Prepare your submission
- **1. Incident description**
- 2. Immediate actions
- 3. Supports and services
- 4. Incident notification
- 5. Contact and person(s) involved
- 6. Incident assessment
- 7. Additional information
- 8. Review and submit

2. **Sub-category and cause:** If prompted, use the **+ Add sub-category** button to add sub-categories and causes. You can add as many sub-categories and causes as needed.

conditions and may face compliance or enforcement action from the NDIS Commission.

Sub-category and causes

*** Sub-category (Select an option)**

- ☐ Decision Making & coercion
- ☒ Financial or property abuse
- ☐ Physical abuse
- ☐ Psychological/Emotional abuse
- ☐ Threats
- ☐ Other

*** Cause (Select multiple if required)**

- ☐ Other
- ☒ Damage to property
- ☐ Exploitation
- ☐ Fraud
- ☐ Limit/withhold access to personal finances
- ☐ Misuse or misappropriation of property

Cancel Save

3. **Participant:** Look up and select the impacted participant from your registered participant records.

Note: If the participant cannot be searched by name, you may not have added them to your provider record. Save the report as a draft, then navigate to **My Participants** to add the participant to your provider account. See instructions [Add or Manage participant details](#) for help.

Note: If more than one participant has been impacted by a single incident, a separate reportable incident notification will be required for each impacted participant.

4. **Provide incident details:**

- Confirm if the participant is safe and receiving supports.
- Describe the circumstances leading up to and during the incident in as much information as possible.
- Detail any immediate or preventative actions taken.

The screenshot shows a form titled "Who is the impacted participant? (Search by name)" with a search bar containing a redacted name. Below this is a dropdown menu for "What is the impact of the incident to the participant? (Select an option)" with "Minor" selected. The next section is "At the time of this 24-hour notification, is the participant safe and in receipt of supports? (Select an option)" with radio buttons for "Yes" (selected), "No", and "Unsure". The final section is "What were the circumstances leading up to the incident?" with a text area containing the text: "Our staff member, Max had planned a day trip to the beach, had packed up the car and was driving the participant to the beach for lunch."

5. **Preventative actions:** Select preventative actions (if any) taken prior to the incident.

6. **Multiple participants:** Answer whether multiple participants were impacted. Select Yes if more than one participant was impacted, even if the nature or severity of the impact differs between participants. This automatically flags the report for priority review by Commission officers.

Note: More than one participant may have been impacted by this incident. There may have been a single event, or a series of connected events. You must ensure that a separate report is submitted for each impacted participant for each event as applicable.

7. Click **Next step**.

The screenshot shows a form titled "What preventative actions (if any) had been taken prior to the incident occurring? (Select multiple if required)". It has a list of checkboxes: "No preventative actions taken" (checked), "No preventative actions required", "Unknown", "Guardian contacted", "Home nursing", "Individualised plans", "Medical review", "Medication review", "Policy/procedures", "Staff training", "Specialist engaged", and "Other". Below this is a section "Describe the incident in detail" with a text area containing "Participant damaged wall in anger". The next section is "Have multiple participants been impacted by this incident/occurrence? (Select an option)" with a dropdown menu showing "No". At the bottom, there is a "Save as draft" button, a "< Previous step" button, and a "Next step >" button.

Step 2: Immediate actions

1. **Immediate Safeguarding Actions:** Select all immediate Safeguarding Actions taken.

Step 2

Immediate actions

Registered providers are required to report the immediate actions taken in response to the reportable incident, including any actions relating to the health, safety and wellbeing of the participant affected by the incident, including medical treatment provided, and whether the incident has been reported to the police or any other body

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

*What specific safeguarding actions have been taken to ensure the immediate and ongoing safety of the participant? (Select the immediate responses taken to address the urgent situation, mitigate risk or reduce the threat to the participant's safety, health or the environment.)

- ☐ None
- ☒ Not required
- ☐ Accommodation sourced
- ☐ Ambulance
- ☐ Debriefing
- ☐ Dental
- ☐ Fire and Rescue Services
- ☐ First Aid
- ☐ GP

Steps

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2. **Conditional fields:** Complete any dynamic conditional fields that appear (such as hospital attendance, dates, or investigation completion dates).
3. Click **Next step**.

*Which other support people have you contacted? (Select multiple if required)

- ☐ None
- ☒ Support people unknown
- ☐ Advocate
- ☐ Behaviour support practitioner
- ☐ Counsellor/mental health support
- ☒ Family/key contact(s)
- ☐ Guardian
- ☐ Support coordinator
- ☐ Other

*Please provide the details of all relevant individuals

Regular support worker and siblings of participant were notified.

*Which other external agencies have you contacted? (Select multiple if required)

- ☐ None - Pending
- ☒ Not required
- ☐ AHPRA
- ☐ Aged Care Commission
- ☐ Aged Care Facility
- ☐ Child Protection
- ☐ Community Visitors
- ☐ Courts
- ☐ Health, Disability and Ageing (Commonwealth)
- ☐ NDIA
- ☐ WHS - State
- ☐ Other

Save as draft

< Previous step

Next step >

Step 3: Support and services

1. Select all of the registered NDIS group(s) being provided to the participant by your organisation at the time of the report.
2. Click **Next step**.

The screenshot shows a web form titled 'Step 3: Support and services'. On the right side, there is a 'Steps' progress bar with eight items: 'Prepare your submission', '1. Incident description', '2. Immediate actions', '3. Supports and services' (which is highlighted with a blue circle), '4. Incident notification', '5. Contact and person(s) involved', '6. Incident assessment', and '7. Additional information'. The main content area of the form includes a note that fields marked with an asterisk are required. Under 'Important Guidance', it states that questions relate to registered supports and services delivered to the participant at the time of the incident. The primary question is 'What support types were you providing to the participant at the time of the incident? (Select multiple if required)'. Below this are several checkboxes for support types: '0102 Assistance to access and maintain employment or higher education', '0101 Accommodation/Tenancy Assistance' (which is checked), '0106 Assistance in coordinating or managing life stages, transitions and supports', '0132 Specialised Support Coordination', '0115 Assistance with daily life tasks in a group or shared living arrangement', and '0103 Assistive Products for Personal Care and Safety'. At the bottom of the form, there are buttons for 'Save as draft', '< Previous step', and 'Next step >'.

Step 4: Incident notification

1. Enter the date and time the first worker became aware of the incident, their name, and their role.

Step 4

Incident notification

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

* When did the incident occur? (Select an option)

☒ Date
☐ Date Range
☐ Unknown

* Date the incident occur? (Enter date in format DD/MM/YYYY or use the date picker)

28/09/2026

* Date/Time

Date the first worker became aware of the incident (DD/MM/YYYY or use the date picker)

28/09/2026

Time the first worker became aware of the incident (HH:MM or use the time picker)

01:00 pm

* Name of the first worker who became aware of the incident (Search by name)

RIUAT Worker02-01 FF989898

* Role of the first worker who reported the incident to the provider (Select an option)

☐ Allied health professional
☐ Home and garden maintenance
☐ Nursing staff
☐ Office staff/provider management
☐ Recreational support officer
☐ Support coordinator
☒ Support worker/direct support officer
☐ Other

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- Enter the date and time key personnel were informed.
- If the report is not being submitted within 24-hours of the key personnel being notified you will be asked to provide reasons.
- Enter where the incident happened, including the location.
- Start typing the address of the incident. You can select the 'can't find the address' box and add the information.
- Click **Next step**.

*** Date/Time**

Date the key personnel was informed of the incident (DD/MM/YYYY or use the date picker) 29/09/2026

Time the key personnel was informed of the incident (HH:MM or use the time picker) 02:00 pm

*** Where did the incident occur? (Select an option)**

- ☐ Unknown
- ☐ Community/public
- ☐ Home - family
- ☒ Home - participant
- ☐ Home - other
- ☐ Hospice facility
- ☐ Hospital
- ☐ Respite facility/short-term accommodation
- ☐ Transportation - Provider
- ☐ Transportation - Public
- ☐ Workplace/day options
- ☐ Other

*** Is this location one of your outlets? (Select an option)**

- ☐ Yes
- ☒ No

*** Address (Start typing and select an address from the list)**

100 Pacific Ave, PENSHURST NSW 2222

☐ Can't find the address? Enter the address details manually

Save as draft < Previous step Next step >

Step 5: Contact and person(s) involved

1. **Point of Contact:** Click + **Add a point contact**, search and select the primary contact person for the provider, choose their role, and click **Save**.

Step 5

Contact and person(s) involved

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

Important Guidance
These are the people who have been impacted, associated with or witnessed the incident. These people may include participants, staff or any other person.
Some incidents will have multiple contacts and person(s) involved.
You can only add 1 participant who has been impacted by this incident, a separate form will need to be submitted for each impacted participant.
You can add multiple associated people and witnesses to the report.

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.

Who is the point of contact for this incident?

NAME	PHONE	EMAIL

+ Add a point contact

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2. **Persons Involved:** Select whether other individuals were involved (Yes/No).

- If **Yes**, click **+ Add person involved** to enter their details, role (Associated, Witness, etc.), and relationship to the participant.

3. 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

Save as draft

< Previous step Next step >

Step 6: Incident assessment

1. **Check your information:** Read the rules on the screen about 24-hour and 5-day reports.
 - Select **Yes** if you have all details ready now (have taken appropriate action and have the information available) to complete your 5 day report.
 - Select **No** if you are not ready to submit your 5 day report and need more time to take further actions or gather documentation. You will be able to proceed to submit your 24 hour report and can return within 5 business days to submit the remaining information.
2. **Select an option:** Answer the question "**Are you ready to complete the rest of your incident assessment?**" by clicking **Yes** or **No**.
3. **Conditional fields:** Complete any dynamic conditional fields that appear (such as outstanding risks, further actions and improvements, or risk assessment completion confirmation).
4. Click **Next step**.

Step 6

Important Guidance

If, at the time of submitting the 24 hour report all of the additional information is available including:

- The names and contact details of any witnesses to the reportable incident, and
- Any further actions proposed to be taken in response to the reportable incident

You may proceed to submit your incident assessment now.

If this information is not yet available, it is your responsibility to ensure that the incident is appropriately managed and the participant and others are suitably safeguarded. You may also need to report the issue to the Police, State Child Protection Services or seek medical or other support(s).

If there are outstanding risks to the participant or others, please finalise and submit your immediate notification report within 24 hours of your key personnel becoming aware of the reportable incident. You can return to include additional information and submit your remaining information within 5 days of your key personnel being notified of the incident.

You have 5 business days to notify the Commission and complete your report.

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Incident assessment

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

* Are you ready to complete the rest of your incident assessment? (Select an option)

☐ Yes

☒ No

Save as draft

< Previous step Next step >

Step 7: Additional information

1. Check which documents you should upload

Always include your internal incident report and any documents about keeping people safe.

Read the on-screen instructions to see which documents you need (e.g. Risk assessments, Shift notes, Medical reports, HR documentation).

Step 7

Additional Information

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

Information to support your incident report

We request you to provide copies of the relevant documents relating to and in response to the incident. The provision of this information may reduce the need for the NDIS Commission making multiple requests for further information from you during the assessment process.

These documents may identify existing plans and processes or relate to the action taken in response to the incident, safeguard the participant or identify future planning and risk mitigation.

Together with the submission of your 24 hour report, we request that you attach a copy of the following documentation if available:

- Your internal incident report
- Information to demonstrate that safeguarding strategies are/were in place for the participant

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- Name your files clearly.** Give your files clear, descriptive names before uploading them (e.g. Medical_Record_06062026.pdf instead of Doc1).

- Click **Upload Files** or drag and drop your files. Make sure each file is less than 100 MB.

Note on uploading PDFs: PDFs with embedded files or other active elements can't be accepted by the system. Only flat file PDF's can be attached. Use 'print to PDF' to reformat an existing PDF into a flat file PDF

- 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.

 Upload Files
 Or drop files

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

Step 8: Review and submit

- Check that all your information is correct on the summary screen. You can return to any previous steps to make changes to your report before submitting.

Step 8

Review and submit

Incident description

Incident type

Primary category

Abuse of a PWD

SUB-CATEGORY	CAUSE
Financial or property abuse	Damage to property

Who is the impacted participant?

What is the impact of the incident to the participant?

Minor

At the time of this 24-hour notification, is the participant safe and in receipt of supports?

Yes

What were the circumstances leading up to the incident?

Participant was irate due to the support she is receiving.

What preventative actions (if any) had been taken prior to the incident occurring?

No preventative actions taken

Describe the incident in detail

Participant damaged wall in anger

Have multiple participants been impacted by this incident/occurrence?

No

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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

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

Report an incident

Reportable incident acknowledgement

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

Reportable Incident ID

00001775

Date Submitted

17-07-2026

Submitted by

Emily Clark

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