



Report an Unauthorised Restrictive Practice (URP)

Use this guide to report an Unauthorised Restrictive Practice (URP).

Note: With a URP, you will be guided to submit the 5-day report.

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 **Reportable Incidents tile or option** from the top menu bar.
- Click **Create reportable incident**.

Home My applications ▾ My registration ▾ Worker screening ▾ My participants Behaviour support More ▾

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. Select URP Category:

- Choose **Unauthorised Restrictive Practice** as the primary category.

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. URP Guidance

- After selecting the category of URP you will see some guidance material relating to URPs.
- You will find information and links to our practice guides for High-Risk Practices, Surveillance Technology and Safe Travel.
- You will be able to read more information about 1:1 and 2:1 supports and URPs that impact other participants.
- This information will assist you when deciding if your incident is a URP or if it is more appropriately reported as another category.
- There are other important instructions to help you submit your URP report. Read them carefully.
- If your incident involves the use of a URP and another category, you will always need to submit the URP report separately.

3. Sub-category

- The sub-category is the type of restraint used. Depending on the sub-category you choose, the system will present different sub-type options.
- **Risk of harm:** - Select the risks that led to the use of the restraint.
- **Participant name:** Search and select the participant's name.
- **Conditions of use:** Describe the circumstances under which the restraint was applied.

- **Impact Rating:** Select the severity of impact to the participant.

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

☐ Environmental Restraint
☐ Seclusion
☐ Mechanical Restraint
☒ Physical Restraint
☐ Chemical Restraint

Restrictive practice sub-type (Select an option)

☐ One person physical escort
☒ One person restraint
☐ Two person physical escort
☐ Two person restraint
☐ Other

***Risk of harm (Select multiple if required)**

☐ Risk of harm to person
☒ Risk of harm to others
☐ Risk of harm to Property
☐ No risk of harm
☐ Other

***Who is the impacted participant? (Search by name)**

***Describe the conditions in which the URP is/was used**

The participant was seated on the couch next to the staff member watching a movie. The participant continuously scratched and pulled at the bandaging of a wound. The staff member held the participants hands to stop them from touching the bandage and continued to hold them for approximately 1 hour until the movie finished.

***What is the impact of the incident to the participant? (Select an option)**

Minor

4. Add Restraint Usage Details:

- **Administration Type:** Select whether usage was *Once-off single emergency use*, *PRN (as needed)*, or *Routine*.
- **Once off (Previous Reports):** If you select “Once-off” you will be asked to confirm if this URP has been reported previously.

URP Details

***What is the administration type? (Select an option)**

☒ Once off - single emergency use
☐ PRN - as needed
☐ Routine

***Have you previously reported the use of this URP in a previous Reportable Incident? (Select an option)**

☐ Yes
☒ No
☐ Unsure

URP usage details

DATE	LOCATION	DOSAGE VALUE	DOSAGE UNIT
+ Add a URP usage detail			

 At least one Usage is mandatory before proceeding to the next screen.

Save as draft < Previous step Next step >

5. Click + Add a URP usage detail. In the pop-up box, fill in:

- Date (DD/MM/YYYY)

- Start and End times
- Location (e.g., *Home - participant*)
- Implementing staff member name
- Notes/comments.

* Have you previously reported the use of this URP in a previous Reportable Incident? (Select an option)

* Date (Enter date in format DD/MM/YYYY or use the date picker)
22/09/2026

* Time start (Enter time in format HH:MM or use the time picker)
10:30

* Time end (Enter time in format HH:MM or use the time picker)
11:00

* Location (Select an option)
Home - participant

* Implementing staff member (Search by name)
[Redacted]

* Notes
Incident lasted 30 minutes

Cancel Save

6. Click **Save**, then click **Next step**.

Step 2: Immediate actions

1. **Immediate Safeguards:** Select any immediate actions taken to ensure safety.
2. **Contacts Notified:** Check all other support people or external agencies contacted (or select *None* and state a reason).
3. **Behaviour Support Plan (BSP) Status:**
 - Indicate if the participant has a current BSP lodged with the Commission.
 - If **Yes**, select all the steps being taken to update the plan.
 - If **No**, select all the steps being taken to develop a plan.
4. **Other information:** You can provide extra information about the behaviour support plan and about the authorisation request if available.
5. Click **Next step**.

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
☐ Hospital

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

Step 3: Support and services

1. Check all the NDIS support group(s) being provided to the participant at the time of the report.
2. Click **Next step**.

Step 3

Supports and services

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

Important Guidance

The following questions are in relation to the registered supports and services that your organisation was delivering to the participant at the time that the incident occurred. Select all registered supports and services in place for the participant at, or around the time of the incident occurring. Support types can be selected from the registration groups you have already submitted with us.

* What support types were you providing to the participant at the time of the incident? (Select multiple if required)

☐ 0101 Accommodation/Tenancy Assistance
☐ 0102 Assistance to access and maintain employment or higher education
☐ 0115 Assistance with daily life tasks in a group or shared living arrangement
☐ 0106 Assistance in coordinating or managing life stages, transitions and supports
☐ 0132 Specialised Support Coordination
☒ 0103 Assistive Products for Personal Care and Safety

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

Save as draft

< Previous step

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.
2. Enter the date and time key personnel were informed.
3. If the report is not being submitted within 5 business days of the key personnel becoming aware of the incident you will be asked to provide reasons.
4. Click **Next step**.

Step 4

Incident notification

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

* Date/Time

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

22/09/2026

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

11:00 am

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

* 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

* Date/Time

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

24/09/2026

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

11:00 am

Save as draft

< Previous step

Next step >

Steps

✓

Prepare your submission

✓

1. Incident description

✓

2. Immediate actions

✓

3. Supports and services

4

4. Incident notification

•

5. Contact and person(s) involved

•

6. Incident assessment

•

7. Additional information

•

8. Review and submit

NDIS Quality and Safeguards Commission

7

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**.

The screenshot shows the 'Step 5: Contact and person(s) involved' form. On the right, a 'Steps' sidebar lists 8 steps: 1. Incident description, 2. Immediate actions, 3. Supports and services, 4. Incident notification, 5. Contact and person(s) involved (highlighted with a blue circle), 6. Incident assessment, 7. Additional information, and 8. Review and submit. The main content area has a heading 'Contact and person(s) involved' and a note: 'All fields marked with an asterisk (*) are required.' Below this is 'Important Guidance' explaining that contacts are people impacted or who witnessed the incident, and that multiple contacts may be added. A section titled 'Point of contact' explains that these are the people to contact for more questions. Below this is a table with columns 'NAME', 'PHONE', and 'EMAIL'. A purple button '+ Add a point contact' is to the right of the table. At the bottom, a red error message with a circle icon says: 'Add at least one contact in the "Point of contact" section above.'

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.

The screenshot shows a modal form titled 'Who is the point of contact for this incident?'. It has a search bar with the placeholder text '* Who is the provider point of contact for this incident? (Search by name)'. Below the search bar is a section titled '* Role of the provider point of contact (Select an option)' with a list of radio button options: Allied health professional, Nursing staff, Office staff/provider management, Recreational support officer, Support coordinator, Support worker/direct support officer, Team leader, and Other. At the bottom right of the form are 'Cancel' and 'Save' buttons. The form is overlaid on a background showing 'Person(s) involved'.

3. Click **Next step**.

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

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

TYPE	NAME	ID
Participant		

+ Add person involved

Save as draft

< Previous step Next step >

Step 6: Incident assessment

1. **Outstanding Risks:** Confirm if there are any remaining or ongoing risks to the participant or others (Yes/No).
2. **Further Improvements:** Select any planned actions or policy/process improvements.
3. **Participant Consultation:** State whether the participant was consulted about the URP and check how their views were taken into account.
4. **Risk Assessment:** Confirm if a formal Risk Assessment has been completed (Yes, No, or In progress).
5. 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.

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

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

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).

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

3. 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.

4. 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 8: Review and submit

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

Step 8

Review and submit

Incident description

Incident type

Primary category
Unauthorised Restrictive Practice

Sub category
Physical Restraint

Restrictive practice sub-type
One person restraint

Risk of harm
Risk of harm to others

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. 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.

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

Third party reportable incident acknowledgement

Thank you for submitting a third party reportable incident with the NDIS Commission. We have received your information

Reportable Incident ID
00006486

Date Submitted
30-09-2026

Submitted by
[REDACTED]

Next Steps

We will contact you if we require any further information or supporting documentation.
Please ensure you continue to identify any outstanding safeguarding needs for the participant and manage as appropriate.

[Back to portal home](#)

Steps

☒ Acknowledgement