



Document No.: MM128F2

Revision: 1

Change No.: CN448

Effective Date: 01/10/2023

Document Owner: QUALITY

Document Approver: QA/RA Manager

NDIS COMPLAINT AND INCIDENT REPORT FORM

Page 1 of 3

1.0 COMPLAINT OR INCIDENT DESCRIPTION

WHAT IS YOUR COMPLAINT ABOUT?

Provide some details to help us understand your concerns and/or any incident that has occurred. You can include what happened, where it happened and who was involved, or the decision made by Magic Mobility that you are unhappy about.

2.0 COMPLAINANT DETAILS

This form may be submitted anonymously. Please check the box below if you wish to make an anonymous submission.

REPORTING FOR YOURSELF

<input type="checkbox"/>	N/A – REPORTED ANONYMOUSLY			
FIRST NAME	LAST NAME	DOB	ADDRESS	PHONE NUMBER
AGE	WEIGHT	CO-MORBIDITIES	MEDICATIONS	DISABILITY(S)



Document No.: MM128F2

Revision: 1

Change No.: CN448

Effective Date: 01/10/2023

Document Owner: QUALITY

Document Approver: QA/RA Manager

NDIS COMPLAINT AND INCIDENT REPORT FORM

Page 2 of 3

REPORTING ON BEHALF OF SOMEONE ELSE

REPORTERS DETAILS

What is your relationship to that person?

Does the person know you are making this complaint?

Does the person consent to the complaint being made?

N/A – REPORTED ANONYMOUSLY

FIRST NAME	LAST NAME	DOB	ADDRESS	PHONE NUMBER

DETAILS OF AFFECTED PERSON WITH DISABILITY(S)

N/A – REPORTED ANONYMOUSLY

FIRST NAME	LAST NAME	DOB	ADDRESS	PHONE NUMBER
AGE	WEIGHT	CO-MORBIDITIES	MEDICATIONS	DISABILITY(S)

Complete this box if someone is assisting you with the complaint. For example, a family member, your nominee or representative.

Name of representative:

Organisation:

Postal Address:

Contact Numbers

Business:

Mobile:

Fax:

TTY:

Email:



Document No.: MM128F2

Revision: 1

Change No.: CN448

Effective Date: 01/10/2023

Document Owner: QUALITY

Document Approver: QA/RA Manager

NDIS COMPLAINT AND INCIDENT REPORT FORM

Page 3 of 3

3.0 COMPLAINANTS DESIRED OUTCOME

<input type="checkbox"/> Answers	<input type="checkbox"/> Action	<input type="checkbox"/> Apology
Provide details:		

4.0 INCIDENT CLASSIFICATION

<input type="checkbox"/> Death	<input type="checkbox"/> Injury	<input type="checkbox"/> OTHER (Please provide details)
--------------------------------	---------------------------------	---

SUPPORTING INFORMATION

PLEASE ATTACH COPIES OF ANY DOCUMENTS THAT MAY HELP US INVESTIGATE YOUR COMPLAINT (FOR EXAMPLE LETTERS, REFERENCES, EMAILS).

PLEASE CHECK THIS BOX TO CONSENT TO THE MAGIC MOBILITY PROVIDING INFORMATION TO A THIRD PARTY (E.G. THE NATIONAL DISABILITY INSURANCE AGENCY) TO RESOLVE YOUR ISSUE.

PLEASE NOTE:

1. ANONYMOUSLY SUBMITTED REPORTS MAY NOT BE INVESTIGATED IF INSUFFICIENT INFORMATION IS PROVIDED
2. NOT CHECKING THE PRIVACY CONSENT BOX, DOES NOT MEAN WE WILL NOT INFORM THE NDIS COMMISSION OF THE INCIDENT OR COMPLAINT; HOWEVER, IT DOES MEAN WE WILL NOT PROVIDE YOUR DETAILS TO THE NDIS COMMISSION.
3. COMPLAINTS AND INCIDENTS THAT MUST BE REPORTED TO OTHER AGENCIES AS REQUIRED BY LAW WILL BE REPORTED WHEN SUFFICIENT IDENTIFIABLE INFORMATION IS PROVIDED. ANONYMOUSLY SUBMITTED REPORTS WILL NOT BE REPORTED TO ANY OTHER AGENCY IN MOST CASES.

Please email this form and any supporting information to magiccsr@magicmobility.com.au