

NOTIFICATIONS FORM

This form is being used to report a (please circle one):

COMPLIMENT

COMPLAINT

INCIDENT

HAZARD/RISK

The Principal of Quest aims to support clients, volunteers and/or staff members to understand their rights and access the procedure for incident reports.

PART 1 Completed by person involved within 24 hours or as soon as possible and provided to the Principal of Quest in person or post: PO Box 754, Toowoomba

YOUR PERSONAL DETAILS

Staff Visitor Client Volunteer Other: _____

You may remain anonymous, but this may affect how we can manage the report.

Title: _____ Surname: _____ First name: _____

Gender M F Preferred Contact Telephone Number: _____

Email: _____

If you are providing feedback on another person's behalf, please provide their details below.

Title: _____ Surname: _____ First name: _____

Gender M F D.O.B. if a Child: / /

Preferred Contact Telephone Number: _____

Email: _____

What is your relationship: _____ Have they given permission: Yes / No

If not a child, provide signature of person giving permission to provide information:

Signed:

N.B.: A copy of the Notification Form will be provided to the relevant person, participant/carers.

DETAILS of the Compliment, Complaint, Incident, Hazard or Risk

Please record the details of your notification:

If regarding a child, accurately record what the child said when describing what happened.

Please provide the name / position of any person/s who the notification involves:

What events led to making this notification (compliment, complain, incident, hazard report):

What were the approximate dates of the relevant events?

Please detail any injuries and if medical attention was received:

Please provide the contact details of anyone who saw what happened:

Have you already acted in relation to this information? Yes / No

If yes, with whom and what was the outcome?

What outcome would you like as a result of providing this information?

Declaration

I declare the information provided is true and correct:

Signature: _____ Date: _____

Thank you for taking the time to provide feedback about our service.

[Quest Notifications Form](#)

PART 2: Completed by the Principal of Quest and to be returned to the Notifier

Date Received: _____ Actioned by:

Formulation of Events (in consultation with person/s involved):

Include risk assessment rating.

Was the complaint, incident, risk reportable? Yes / No Within: 24 hours; 5 days?

If yes, describe when and how reported.

Was additional action required? Yes /No

e.g., Notifications and resolutions may be referred or notified to any other bodies in accordance with any requirements under relevant Commonwealth, State or Territory laws.

Describe:

Were these actions taken? Yes / No

Describe and date each action:

Was the notification entered in the Quest Notifications Register? Yes / No

Has the NDIS Commissioner been:

notified of updated information

provided a [final report](#) of any investigation or assessment and subsequent action?

Internal Review Date: _____

If you have any further queries regarding the management of this notification, please do not hesitate to contact the Principal of this practice

The Principal

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