

Bettercarendis

PRODUCT RELATED INCIDENT REPORT FORM

210320_BCN_REP3_Product_Incident_Report_Form_V02

March 20, 2021

Please fill in the form below to report an incident or accident that you (NDIS participant) have experienced using Bettercarendis services or the products obtained from bettercaremarket.

If you are not comfortable addressing your concern with the Bettercarendis Team and prefer to contact NDIS directly, please call 1800 800 110.

Incident & Accidents involving NDIS participants using Bettercarendis services or bettercaremarket products.

What type of incident are you reporting?

Product related incidents

If yes, which product was involved?

Service related incidents

If yes, which services was involved?

Other

Reportable Incidents (Will be forwarded to NDIS)*

Did the incident or accident occurring with a bettercaremarket product or service involve:

the death of an NDIS participant

serious injury of an NDIS participant

abuse or neglect of an NDIS participant


unlawful sexual or physical contact or misconduct with, or assault of, an NDIS participant

Explain the incident in detail please*

Clients (NDIS Participant) Name

Please enter the NDIS or Client name involved in the incident or accident

Clients DOB*

Do you know the name and contact details of your Company Contact Person, if not leave blank

First name

Last name

Phone number

Email address

Do you know the name and contact details of the organisation that provided the funding for the product or service responsible for the incident or accident reported, if not leave blank

Name

Phone number

Email address

The person filling this report is

- The NDIS or Client name involved in the reported incident or accident

If yes, please provide the following

Phone contact number

Email address

Confirm email address

Someone else, filling the form on behalf of the involved NDIS Participant

If yes, please provide the following

Your full name

Phone contact number

Email address

Confirm email address

Additional comments - Questions & Notes

Please consent with our policy

I, agree to the Incidents Registration Policy

Signature

Your personal data will be used to process your order, support your experience throughout this website, and for other purposes described in our privacy policy

*Our policies are available on our website www.bettercarendis.com.au

IMPORTANT

Upon submission of your complaint to Bettercarendis, we will communicate the progress and outcomes of your complaint with you using your email and possibly, with your consent, your phone.

When you feel that your complaint does not progress sufficiently or when you are unhappy with the outcomes of your complaint please let us know immediately. Our General Manager will then arrange a personal conversation with you and in case you are still unsatisfied by the outcomes we will escalate your complaint to the NDIS Committee.