



# Digital platform operator reporting form

Quarterly reporting of operation under section 189 of the *Aged Care Act 2024*

## Who uses this form

Use this form if you are an aged care [digital platform operator](#) that is a constitutional corporation.

## When to use this form

Use this form to submit your quarterly report to the Aged Care Quality and Safety Commission (Commission).

Under section 189 of the new [Aged Care Act 2024](#) (Aged Care Act) you must report to the Commission each quarter.

These reporting periods and submission dates apply from the start of the Aged Care Act:

2025–26	Reporting period	Due date
Quarter 2	1 November – 31 December 2025	5 May 2026
Quarter 3	1 January – 31 March 2026	5 May 2026
Quarter 4	1 April – 30 June 2026	4 August 2026

For reporting periods and submission dates after the 2025–26 financial year:

2026–27	Reporting period	Due date
Quarter 1	1 July – 30 September 2026	4 November 2026
Quarter 2	1 October – 31 December 2026	14 February 2027
Quarter 3	1 January – 31 March 2027	5 May 2027
Quarter 4	1 April – 30 June 2027	4 August 2027

You must submit 4 quarterly reports each financial year.

## What to include in your quarterly report

You need to include:

- the number and type of complaints you received, referred or handled about each registered provider (provider) and aged care worker (worker)
- the number and type of reportable incidents you reported, referred or handled about each provider and worker
- the number and details of providers, workers, other organisations and older people that you removed from your platform, and why
- the total number of providers, workers and other organisations delivering (or available to deliver) funded aged care services through your platform
- the number of older people who received services through your platform (if available).

You can find more information about your obligations by using the [Aged Care Provider Requirements Search](#) on the Department of Health, Disability and Ageing's website.

## Privacy and personal information

By completing this form, you agree and consent to the Commission using your personal information in line with our [Notice of Collection](#).

The personal information we collect through this form is protected by law, including:

- *Privacy Act 1988*
- Australian Privacy Principles
- Aged Care Act.

The information we collect includes personal information of your key contact person, such as their name and contact details.

We use the information in this form, and other relevant information we gather, to perform our functions under the Aged Care Act.

We use the information from this form to:

- record details of your quarterly reporting
- help us understand risk to older people.

We can share this information:

- with other state, territory and Australian Government agencies
- in other ways that the law permits (allows) or requires us to.

If you do not provide this information, your organisation may not meet its reporting obligations under section 189 of the Aged Care Act.

If you do not meet your reporting obligations, we have certain compliance and enforcement actions we can take under the Aged Care Act.

## Completing the form

You must provide all information that we ask for in this form.

Use the [reporting spreadsheet](#) to complete sections 3 to 5.

If you have nothing to report for sections 3 to 5, you do not need to complete the reporting spreadsheet.

## Submitting the form

You need to:

- make sure all information you provide is accurate and complete
- check all information before you submit your form
- email the completed form and reporting spreadsheet to [info@agedcarequality.gov.au](mailto:info@agedcarequality.gov.au) by the due date.

## After you submit the form

If information is missing or incorrect, we will:

- ask you to review and resubmit your form
- not process the form until you provide the information we ask for.

If we have questions about the information you provided, we will:

- ask you to clarify or explain
- give you a date to respond by.

You are responsible for completing this form and giving us extra information if we ask for it.

## Questions about this form

You can send your questions to [info@agedcarequality.gov.au](mailto:info@agedcarequality.gov.au).

## Section 1: Quarterly reporting period

*\*For Quarter 2 and Quarter 3 of the 2025–26 financial year, please submit each quarter's report in a separate form.*

<b>Quarter</b>		
<b>Reporting period</b> Provide the date from DD/MM/YYYY and to DD/MM/YYYY		

## Section 2: Digital platform operator details

### Section 2.1: Digital platform operator and business contact details

<b>Name of your digital platform</b>	
<b>ABN</b> This should match the ABN in the <a href="#">Australian Business Register</a> .	
<b>Business address</b>	
<b>Business contact number</b> Australian landline and mobile numbers only. Include the area code.	
<b>Business email address</b> Your preferred business email address for receiving Commission documents and communications.	
<b>Website address</b>	

## Section 2.2: Key contact person details

<b>Name of key contact person</b>	
<b>Business contact number</b> Australian landline and mobile numbers preferred. Include the area code. For international numbers, make sure the contact number starts with a + followed by the country code.	
<b>Email address</b>	

## Section 3: Complaints

Record the number and type of complaints you received, referred or handled about each provider and worker during the quarter. Use the [reporting spreadsheet](#).

You can find the complaint types in [Guidance for Section 3: Complaints](#) at the end of this form.

If you have nothing to report for this section, you do not need to complete the reporting spreadsheet.

### Section 3.1: Providers

If you received, referred or handled a complaint about a provider during the quarter, use the reporting spreadsheet to provide:

- the provider's name
- details about each complaint relating to them.

### Section 3.2: Workers

If you received, referred or handled a complaint about a worker during the quarter, use the reporting spreadsheet to provide:

- the worker's full legal name
- details about each complaint relating to them.

## Section 4: Reportable incidents

Record the number and type of reportable incidents you received, referred or handled about each provider and worker during the quarter. Use the [reporting spreadsheet](#).

If you have nothing to report for this section, you do not need to complete the reporting spreadsheet.

### Section 4.1: Providers

If you received, referred or handled a reportable incident about a provider during the quarter, use the reporting spreadsheet to provide:

- the provider's name
- details of each reportable incident relating to them.

### Section 4.2: Workers

If you received, referred or handled a reportable incident about a worker during the quarter, use the reporting spreadsheet to provide:

- the worker's full legal name
- details of each reportable incident relating to them.

## Section 5: Removal from platform

Record the number and details of providers, other organisations, workers and older people that you removed from your platform during the quarter and why. Use the [reporting spreadsheet](#).

If you have nothing to report for this section, you do not need to complete the reporting spreadsheet.

### Section 5.1: Providers and other organisations

If you removed a provider or other organisation from your platform during the quarter, use the reporting spreadsheet to provide:

- their name
- the reasons for removing them.

### Section 5.2: Workers

If you removed a worker from your platform during the quarter, use the reporting spreadsheet to provide:

- their full legal name
- the reasons for removing them.

### Section 5.3: Older people

If you removed an older person from your platform during the quarter, use the reporting spreadsheet to provide:

- their full legal name
- the reasons for removing them.

### Section 6: Aggregate (total) numbers

Provide the total number of each of the following on your platform during the quarter:

<b>Providers delivering (or available to deliver) services through your platform</b>	
<b>Workers delivering (or available to deliver) services through your platform</b>	
<b>Other organisations delivering (or available to deliver) services through your platform</b>	
<b>Older people who received services through your platform (if available)</b>	

Section 3 of this form requires you to identify the type of complaint for each provider and worker. The table below lists the 11 types of complaints and gives examples.

Complaint type	Examples
<b>Abuse concerns</b>	<ul style="list-style-type: none"> <li>• Financial abuse, including stealing or financial coercion (pressure)</li> <li>• Physical abuse, including unreasonable use of force, like hitting and pushing</li> <li>• Psychological and emotional abuse, including yelling, threats and humiliation</li> <li>• Sexual abuse, including unlawful sexual contact or inappropriate sexual conduct</li> <li>• Older person on older person abuse</li> <li>• Other abuse concerns</li> </ul>
<b>Advocates, significant persons and social connection concerns</b>	<ul style="list-style-type: none"> <li>• Whistleblower protections and fear of negative consequences</li> <li>• Concern about complaints and feedback management systems</li> <li>• Visitor access management, including visitor restrictions</li> <li>• Other advocates, significant persons and social connection, including concern about:                             <ul style="list-style-type: none"> <li>— older person or support person being referred to an inappropriate person or agency</li> <li>— availability or quality of specialised support services</li> </ul> </li> </ul>
<b>Care provision and planning concerns</b>	<ul style="list-style-type: none"> <li>• Behaviour support and restrictive practices</li> <li>• Continence care</li> <li>• Falls and mobility</li> <li>• Food and drinks, dining and nutrition</li> <li>• Infection prevention and control</li> <li>• Medication and medicines</li> <li>• Pain, palliative care, and end of life care</li> <li>• Skin and wound care</li> <li>• Weight management</li> <li>• Other care provision and planning concerns</li> </ul>

Complaint type	Examples
<b>Environment and equipment concerns</b>	<ul style="list-style-type: none"> <li>• Environment, including concern about:               <ul style="list-style-type: none"> <li>— compliance with local regulations</li> <li>— noise</li> <li>— pest infestation control</li> <li>— temperature</li> <li>— safety of the aged care environment</li> </ul> </li> <li>• Equipment, including concern about:               <ul style="list-style-type: none"> <li>— assistance with and management of sensory aids</li> <li>— maintenance</li> <li>— mobility aids</li> <li>— medical and pharmaceutical supplies availability</li> </ul> </li> <li>• Dining equipment or environment</li> <li>• Natural disaster and emergency planning</li> </ul>
<b>Fees, charges and agreement concerns</b>	<ul style="list-style-type: none"> <li>• Agreements</li> <li>• Communication or consultation about fees and charges</li> <li>• Fees and charges</li> <li>• Funding for services</li> <li>• Overcharging</li> <li>• Other financial concerns</li> </ul>
<b>Personal property concerns</b>	<ul style="list-style-type: none"> <li>• Access to personal property</li> <li>• Damage or loss</li> <li>• Theft</li> </ul>
<b>Privacy and information concerns</b>	<ul style="list-style-type: none"> <li>• Privacy of older people receiving care</li> <li>• Privacy of older people's personal information</li> </ul>

Complaint type	Examples
<b>Provider and workforce concerns</b>	<ul style="list-style-type: none"> <li>• Change in circumstances of a provider</li> <li>• <a href="#">Aged Care Code of Conduct</a></li> <li>• Financial and Prudential Standards</li> <li>• Financial viability</li> <li>• Governance</li> <li>• Lodging reports on time</li> <li>• Provider operating model</li> <li>• Refundable deposits – General</li> <li>• Refundable deposits – Permitted uses</li> <li>• Refundable deposits – Refunding</li> <li>• Workforce management</li> <li>• Other financial concerns</li> </ul>
<b>Statement of Rights concerns</b>	<ul style="list-style-type: none"> <li>• <a href="#">Statement of Rights</a>, including: <ul style="list-style-type: none"> <li>— Independence, autonomy, empowerment and freedom of choice</li> <li>— Equitable access</li> <li>— Quality and safe funded aged care services</li> <li>— Respect for privacy and information</li> <li>— Person-centred communication and ability to raise issues without reprisal</li> <li>— Advocates, significant persons and social connections</li> </ul> </li> </ul>
<b>Support at Home, Commonwealth Home Support Program (CHSP) and respite services concerns</b>	<ul style="list-style-type: none"> <li>• Late, cancelled, unavailable or inadequate services</li> </ul>
<b>Workers (including volunteers) and responsible persons concerns</b>	<ul style="list-style-type: none"> <li>• <a href="#">Aged Care Code of Conduct</a></li> <li>• Qualifications, skills or experience</li> <li>• Lack of training</li> <li>• Suitability of a person to be a responsible person</li> </ul>

## Declaration

I,  
declare that I am responsible for the information in this form.

I am aware that:

1. there are civil penalties under section 591 of the *Aged Care Act 2024* relating to knowingly providing information or a document in, or in connection with, an application, claim or request that is false or misleading in a material particular;
2. it is an offence under the Criminal Code Act 1995 to give false or misleading information to a Commonwealth entity;
3. giving false or misleading information is a serious offence.

I declare that all information in this report is true and accurate to the best of my knowledge.

**Signature**

**Date**

I confirm that

knows their obligations under sections 189-5 and 189-10 of the Aged Care Rules 2025 (Aged Care Rules)

for the period of this quarterly report, handled all complaints and reportable incidents in the right way

referred all complaints and reportable incidents to the relevant registered provider within the timeframes in the Aged Care Rules.

**Signature**

**Date**

