



SIRS notification example response

# Unlawful sexual contact or inappropriate sexual conduct

February 2022

---

These case studies cover a range of examples to provide **general guidance** to assist approved providers on the content and form of information that may be included in a notification to the Commission. They are intended to be illustrative but not exhaustive of approved provider reporting requirements. Any similarities to an actual reportable incident or individual is purely coincidental. The case studies do not constitute legal advice or other professional advice. Approved providers should seek legal or other professional advice on their legislative requirements, as appropriate.

### SIRS notification example response

## Unlawful sexual contact or inappropriate sexual conduct

A good-quality incident notification requires more than simply transcribing the details taken from progress notes about the incident or copying text from the provider's incident management system. It is important that the person making the notification is familiar with what happened, has applied a problem-solving approach to understanding the causes and risks involved and has a good understanding of how the response to the incident will be managed.

Here is an example response to questions in the MyAgedCare portal for reportable unlawful sexual contact or inappropriate sexual conduct.

Web portal question	Answer scenario 1	Answer scenario 2	Answer scenario 3
Type of incident	Unlawful sexual contact or inappropriate sexual conduct	Unlawful sexual contact or inappropriate sexual conduct	Unlawful sexual contact or inappropriate sexual conduct
Victim first name	Betty	Rana	Evelyn
Victim last name	Downing	Milton	Black
Select the most relevant incident type	Unlawful sexual contact or inappropriate sexual conduct	Unlawful sexual contact or inappropriate sexual conduct	Unlawful sexual contact or inappropriate sexual conduct

Web portal question	Answer scenario 1	Answer scenario 2	Answer scenario 3
<b>Please select the appropriate level of cognition of the victim</b>	Moderate cognitive impairment	Mild cognitive impairment	Mild cognitive impairment
<b>Does the care recipient reside within a secure unit?</b>	No	No	No

Following are the MyAgedCare portal questions and examples of possible responses. The blue numbers relate to the tips box on the pages following these questions on what details to include in your response.

Web portal question	Answer
<p><b>Please provide a detailed description of the incident.</b></p> <p>In your SIRS report please provide a detailed description of the incident that has occurred or is alleged or suspected to have occurred.</p>	<p><b>Example response scenario 1:</b></p> <p>At 23:00 on Saturday 15 October 2021, staff responded to consumer Betty Downing's calls for help during initial night shift rounds. Personal Care Worker (PCW) Ruth Moore and Registered Nurse (RN) Sabine Khan entered room 27 and found consumer Roger Baker naked and standing over Betty. Betty's nightdress was pulled up to her neck and Roger had one hand grabbing her left breast and his other hand over her mouth. <b>1, 2, 3, 4</b></p> <p>PCA Ruth removed Roger, returned him to his room and stayed with him to ensure he was closely monitored. <b>6, 7</b></p> <p>RN Sabine provided immediate assistance by completing a quick visual assessment of and reassurance to Betty. Betty was found to have bruising and scratches to both breasts. Betty was very distressed. She was crying and agitated saying that she told him to leave her room. RN Sabine stayed with her to provide comfort. <b>7, 8, 9, 10, 11</b></p> <p>RN Sabine advised RN-in-charge Wendy Chang via phone who attended immediately. RN Wendy did a head-to-toe assessment on Betty, and asked Betty if she was in pain, and if so, where she was experiencing pain. An assessment of psychological harm and distress was conducted due to Betty's agitation and crying. <b>8, 9, 11</b></p>

Web portal question	Answer
<p><b>Please provide a detailed description of the incident. (continued)</b></p> <p>In your SIRS report please provide a detailed description of the incident that has occurred or is alleged or suspected to have occurred.</p>	<p>Both Betty and Roger are assessed as having moderate cognitive impairments. <b>5</b></p> <p>RN Wendy attended Roger who had been assisted to bed by PCA Ruth and was sleeping with no sign of distress or injury.</p> <p>Police and locum doctor service were contacted at 0:15 on 16 October 2021 (police report number QL526874). The police advised they will send an officer to the facility.</p> <p><b>Example response scenario 2:</b></p> <p>Consumer Rana Milton had been visibly distressed throughout the day on 19 October 2021. RN Lisa Khalil had a discussion with Rana at 17:00 and discovered that a staff member had inappropriately touched her during her morning shower at 8:00. Rana didn't know the name of the staff member. <b>1,2,3</b></p> <p>Rana stated that the staff member had rubbed her breasts and genital area for several minutes. Rana stated that she asked the staff member to stop but he would not. <b>1</b></p> <p>Rana was immediately assessed by RN Lisa, conducting a full medical examination, including genital area, with Rana's permission, and it was found there was no evidence of bleeding, bruising, redness, or trauma to her genitals. An examination of her breast also found no bruising or redness. However, Rana remained visibly distressed and reported feeling scared and anxious and showing psychological harm at the time of the incident. Rana has a mild cognitive impairment level. <b>5,7,8</b></p> <p>After RN Lisa was made aware of the incident, she reported it to police at 17:30 on 19 October 2021 (police report number PL258456). <b>7</b></p> <p>The allegation was reported to HR and a full investigation is to be commenced. <b>7</b></p>

Web portal question	Answer
<p><b>Please provide a detailed description of the incident. (continued)</b></p> <p>In your SIRS report please provide a detailed description of the incident that has occurred or is alleged or suspected to have occurred.</p>	<p><b>Example response scenario 3:</b></p> <p>On 11 October 2021 at 10:00 PCW Kim White reported to RN Scott Isle that she witnessed PCW Lucas Costa touching consumer Evelyn Black’s genital area and showing her images on his mobile phone. <b>1,2,3,4</b></p> <p>PCW Kim stated that this occurred during Evelyn’s shower at around 09:00. PCW Kim said that she came across the incident and she could hear Evelyn saying, “Stop that, get away from me”. <b>1,2,3,4</b></p> <p>PCW Kim questioned PCW Lucas regarding what was going on, to which he replied that he was just trying to wash Evelyn when she started telling him to “Stop that”. <b>7</b></p> <p>PCW Kim stated that she asked Lucas as to what he was showing Evelyn on his mobile phone, and he said “Nothing — I was replying to a text message”. <b>7</b></p> <p>PCW Kim could see that Evelyn was distressed and took over from PCW Lucas in showering Evelyn. Evelyn said to PCW Kim “That man was touching me, and I told him to stop, and he wouldn’t stop”. <b>7,8,9,10</b></p> <p>PCW Kim completed the shower and dressed Evelyn and provided her comfort and emotional support and told her that she would report it to the RN. <b>8,9</b></p>

Web portal question	Answer
<p><b>Harm</b></p> <p><b>Did the consumer suffer physical impacts?</b></p> <p><b>Level of physical impact.</b></p> <p><b>Did the consumer suffer psychological impacts?</b></p> <p><b>Level of psychological impact.</b></p>	<p><b>Example response scenario 1:</b></p> <p>Betty Downing was initially assessed as having bruising and skin tears on both breasts. With both Betty's and her family representative's consent, RN Sabine attended to the wounds with appropriate dressings. <b>8, 11</b></p> <p>Betty suffered moderate psychological harm from the incident. She was visibly anxious, showing this through visibly shaking, crying, and dilation of pupils. Betty is showing ongoing distress, as she has communicated how she is distressed and worried. Betty usually presents herself as a very talkative and happy person, which is the opposite of her current behaviour. <b>8, 9, 10</b></p> <p><b>Example response scenario 2:</b></p> <p>Rana experienced no physical harm and appeared to have some psychological harm, though the extent is unknown at this stage. Psychological harm was presented through her distressed behaviour throughout the day, it was also noted that Rana isolated herself from other residents and had limited appetite. <b>8, 9</b></p> <p>Rana is usually very bubbly and happy so the behaviour she was presenting was unusual. The Chaplain was called by RN Lisa to stay with Rana until her family representative Leah came to the facility. Rana will be undergoing wellbeing behavioural therapy and trauma therapy. This has been added to her care plan. Therapy will be a consistent part of Rana's care plan until Rana wants it to stop. Rana was also given access to Sexual Assault Services. <b>10, 11</b></p> <p><b>Example response scenario 3:</b></p> <p>Evelyn did not sustain any physical harm, but some psychological harm was apparent in observations that she was teary, shaking and appeared to be distressed whilst PCW Kim was assisting her to shower and dress. <b>8, 9</b></p> <p>Evelyn has a mild cognitive impairment, and at times forgets things. However, after the incident Evelyn was able to recall details in ways that collaborated with the description provided by PCW Kim. Evelyn was unable to see what was on the mobile phone as she didn't have her glasses on. <b>9</b></p> <p>Evelyn showed signs of distress during the incident and was calling the staff member to stop. After the incident signs of distress continued. Evelyn was noted to be wrapping her clothing and arms around herself and was teary and fidgety. <b>9, 10</b></p>

**In response to the above questions, you should consider the following:**

1. Who was directly involved in the incident (include full names)?
2. What time and date the incident occurred (or was alleged or suspected to have occurred)?
3. Where at the service did the incident occur (or was alleged or suspected to have occurred)?
4. Who else saw the incident (include their name, position, and contact details)?
5. What is the level of cognitive impairment of the consumers directly involved in the reportable incident? (e.g., Dementia substance-induce cognitive impairment, developmental disorders).
6. What was happening immediately before the incident occurred?
7. What occurred immediately after the incident? (your answer to this question must describe any actual harm that was caused to the consumer AND any harm that could reasonably have been expected to have been caused to the consumer).
8. Details of actual harm caused (type of seriousness of injury/illness, symptom and/or clinical observations).
9. Describe the consumer's response (This could include any observed behaviours such as crying, shaking, throwing things, not speaking, not wanting to be around other people, or doing usual activities).
10. Explain how and why any behaviour identified is different from the person's usual behaviour.
11. Describe any medical and/or psychological treatment provided.
12. Include enough information so that a person who wasn't there can understand what happened.



When assessing and describing what harm an incident ‘could reasonably have been expected to have caused’.

(When considering whether an incident could reasonably have been ‘expected to have caused’ discomfort, physical or psychological injury, it is important to think about the general vulnerability of aged care consumers. Would it be reasonable to expect the incident would have caused discomfort, physical or psychological injury to other consumers in your service, such as instances where a consumer has medical or psychological limitations.)

**Note:** when you provide clear and comprehensive information early on, it is less likely that the Commission will need to ask for further details, or require you to conduct an investigation, or in some cases, directly investigate the matter itself.



Web portal question	Answer
<p><b>What specific action(s) has been and will be taken in response to the incident to ensure the immediate AND ongoing safety, health, well-being, and quality of life of the consumer affected by the incident?</b></p>	<p><b>Example response scenario 1:</b></p> <p>Roger Baker was immediately removed from the incident and placed in his room by PCA Ruth. When RN-in-charge Wendy Chang was notified of the incident, she reviewed Roger in his room and noted a fever and he was given Panadol; however, he showed no signs of distress and fell asleep soon after. <b>1, 2</b></p> <p>Roger had mandatory health checks conducted: clinical test, food chart analysis, psychological/distress check-ins. Roger also underwent a delirium screen which revealed that he was experiencing a high fever at the time of the incident. <b>2</b></p> <p>The incident was reported to police at 00:15 on 16 October 2021. Police came to the facility at 00:45 to take a report of the incident (police report number QL526874). Contact was attempted with both residents' family representatives when the incident occurred. <b>1, 3</b></p> <p>Betty's daughter responded to the call on the first attempt. She was very concerned and insisted on coming to the facility at the time of the call. Staff communicated to her that it may be better for Betty if she came later in the morning as Betty was calming down and about to go to bed but was welcomed to come. Betty's daughter had a conversation with her over the telephone, and Betty appeared to be a little more settled afterwards. <b>3</b></p> <p>Staff assured the daughter that visual checks would be conducted every 30 minutes, to ensure Betty was resting and not distressed. Roger's grandson returned the call at 07:00 on 16 October 2021. The Grandson expressed concern over Roger's actions but was assured, staff will be investigating the incident. <b>3</b></p> <p>It was agreed by both Betty and her daughter that Betty will be taken care of exclusively by female staff members for the foreseeable future as Betty communicated, she does not feel safe around males including male staff members providing care. This has been added to Betty's care plan and communicated to staff during handover and team meeting. Betty and her daughter were offered access to sexual assault services — 1800respect, who would provide professional counselling and resources. <b>4, 5</b></p>

Web portal question	Answer
<p><b>What specific action(s) has been and will be taken in response to the incident to ensure the immediate AND ongoing safety, health, well-being, and quality of life of the consumer affected by the incident? (continued)</b></p>	<p>Roger's fever was assessed later that morning at around 07:30 and he underwent COVID testing, with a negative result. Roger commenced on broad-spectrum antibiotics on the advice of his GP to address likely infection. Roger will be on 30-minute sight charting by staff members when in supervised areas. Roger's nightly checks will also be increased to 30-minute intervals to ensure he has not left his room at night. A sensor mat has also been placed in Roger's room to alert staff if he gets out of bed. <a href="#">2, 4, 5, 6, 7</a></p> <p><b>Example response scenario 2:</b></p> <p>Incident was reported to police (police report number PL258456) within the hour. Medical examination was arranged for Rana. Rana requested that her family representative, who is her daughter-in-law Leah, be called. Asked Chaplain to stay with Rana and provide emotional support until Leah arrived. <a href="#">1, 3</a></p> <p>Called sexual assault service for advice in supporting Rana and her family representative through this incident, and to engage the family representative with this service. Rana will be offered and referred to counselling, wellbeing behavioural therapy, and trauma therapy. OPAN contact details were provided to Rana and her daughter Leah when she arrived at the facility. <a href="#">1, 2, 3</a></p> <p>Male staff member Paul Dell has been identified as the subject of allegation, and he is not on duty and not to be offered further shifts until the HR and police investigation is completed. <a href="#">5, 6, 7</a></p> <p>Considerations have been made, for the time being, to have female staff shower Rana where possible, as Rana is displaying distress around male staff members and feels safer around female staff members. Only female staff to care for Rana overnight until further notice. This has been updated in her care plan and staff are to be notified on changeover of shifts. <a href="#">4, 5</a></p> <p>Meeting to be held on 20 October 2021, with Rana and Leah to talk about further support needs and options. Open disclosure discussion was had with other consumers that staff member Paul had cared for on 19 October 2021, to check if any similar incidents occurred, and their family representatives have been informed of the incident. <a href="#">6, 7</a></p>

Web portal question	Answer
<p><b>What specific action(s) has been and will be taken in response to the incident to ensure the immediate AND ongoing safety, health, well-being, and quality of life of the consumer affected by the incident? (continued)</b></p>	<p><b>Example response scenario 3:</b></p> <p>RN Scott reported the incident to DON Melissa Wong on 11 October 2021 at 10:30. DON Melissa spoke with PCW Lucas and put the allegation to him, to which he did not want to respond. PCW Lucas has been suspended from duties until a full HR and police investigation has been conducted and completed. <b>1, 5</b></p> <p>The incident was reported to the Police on 11 October at around 11:15 (police report number QM152489). An officer will be attending the facility within 24 hours to investigate the incident and speak to all involved. <b>1</b></p> <p>Evelyn's family representative, son Ian, was notified of the incident on 11 October 2021 at around 12:00, and an open disclosure conversation took place, disclosing what occurred and provided with an apology. Ian was angry regarding the incident and wanted action taken against the staff member involved. Reassurance was given to Ian and he was advised that the staff member has been suspended and the police have been notified and would be attending the facility to investigate. <b>1, 3, 5, 6</b></p> <p>Ian attended the service that afternoon around 14:00 to provide emotional support to Evelyn and have a meeting with DON Melissa. DON Melissa had a discussion with both Evelyn and her son Ian that afternoon at 12:15 to discuss how to support Evelyn through this incident, and to ensure she felt safe and supported. <b>3, 4</b></p> <p>It was agreed that Evelyn would be showered by female staff members. Evelyn only requires one staff member to assist with showering. If a male staff member needed to attend to any other cares (due to staffing) a female staff member would also assist. It has been communicated to Evelyn that what happened was not her fault, that we are sorry for what happened, and how can we support her in making sure she feels safe. This has been reflected in Evelyn's care plan and communicated at handover of shifts. <b>4, 5</b></p>

Web portal question	Answer
<b>What specific action(s) has been and will be taken in response to the incident to ensure the immediate AND ongoing safety, health, well-being, and quality of life of the consumer affected by the incident? (continued)</b>	<p>Sexual assault services and an OPAN advocate have been offered to Evelyn, but she declined as she only wanted to speak with her son and didn't want to talk to a stranger. Her son has also been provided with information on sexual assault and advocacy service. Female staff have continued to provide Evelyn emotional support and reassurance during the day. Visual checks were being conducted every 30 minutes which included checking with Evelyn that she was feeling safe. A behaviour support plan was also initiated so Evelyn's needs could be monitored. <a href="#">4, 5</a></p> <p>The locum GP and RN Belinda Green conducted a medical review that afternoon around 13:30, including vital signs, pain, and checking on her general well-being with son Ian present. Evelyn stated she wasn't in any pain but was embarrassed and angry over the incident. <a href="#">2</a></p>

**In response to the above question, you should consider the following:**

- Whether the incident was reported to a relevant authority (e.g., coroner, AHPRA).
- How the consumer was treated and supported immediately after the incident (consider both physical and psychological treatment and/or support). This could include whether external health advice was sought such as onsite or offsite counselling session.
- Whether the consumer's representative was immediately contacted regarding the incident; for e.g., to discuss and review support needs or to be involved in the management and resolution of the incident.
- Any assessment or planning changes; for e.g., development or update to a risk management plan for the consumer and subject of allegation (if also a consumer).
- Any immediate or planned changes to the duties/supervision of any staff members.
- Whether you assessed immediate risk to other consumers affected or who could have been affected by the incident.
- Whether you have used the outcome of any incident assessment, analysis, or investigation to identify/ implement actions to improve the safety, health, well-being, and quality of life to all consumers.

Web portal question	Answer
<p><b>What specific action(s) has been taken or is planned to manage or minimise the risk of re-occurrence of this or a similar incident in the future?</b></p>	<p><b>Example response scenario 1:</b></p> <p>The cause of the incident was identified as Roger’s fever-induced delirium, which is now being managed by treating the underlying infection. Roger has recently displayed increased sexual behaviours. A behavioural support plan has been initiated to keep track of his concerning behaviours and to check if the risk of repeated sexual assault is there once the infection has gone. <b>1, 3, 5</b></p> <p>Roger’s nightly checks have been increased and will now occur at 30-minute intervals. Staff are to have refresher training on the importance of temperature management in the facility. A sensor mat has also been installed in Roger’s room to alert staff if he gets up overnight. <b>3, 4, 5, 6</b></p> <p>The Incident Management System is to be updated with temperature management techniques, regarding clinical flags such as: temperature, hypoxia, hypertension, pulse issues, and new medications, in hopes to reduce the possibility of behaviours of unlawful sexual contact from reoccurring. Open disclosure conversations have taken place with the consumers’ representatives on 16 October 2021, and the incident management procedure was explained. <b>5, 6</b></p> <p>The change that will be embedded in our practices as a result of this incident, is an update of temperature management protocols. All staff have been emailed regarding the incident and are now focused on temperature-checking processes to limit the possibility of re-occurrence. We share lessons learned with management, leadership, and staff.</p> <p>We will work to close the loop by being more vigilant during nightly check-ins, ensuring no one has left their room. This will be monitored by the RN’s and data will be provided to management to establish if the strategies in place have been effective. <b>7, 8, 9</b></p>

Web portal question	Answer
<p><b>What specific action(s) has been taken or is planned to manage or minimise the risk of re-occurrence of this or a similar incident in the future? (continued)</b></p>	<p><b>Example response scenario 2:</b></p> <p>The actions taken by the staff member Paul do not meet the service's standards and constitute criminal activity, and we have commenced an internal investigation to identify the cause of the incident, harm caused and any operational issues that can be identified. <b>2</b></p> <p>Once the investigation is complete, the appropriate actions will be taken to remedy the situation (e.g., termination of employment of the staff member if deemed appropriate). <b>3</b></p> <p>To reduce the possibility of a similar incident occurring, Rana will only be monitored and cared for by female staff where possible, and considerations have been put in place to have only female staff to shower Rana, as Rana has expressed that she does not feel comfortable with male staff members showering her. <b>4</b></p> <p>Rana's representative, Leah, has been instrumental in the process to update Rana's care plan, such as how to make Rana feel comfortable and safe, and female staff members to attend to Rana's daily cares. <b>5, 6</b></p> <p>Leah has been given access to our incident management system procedures. This works to ensure that both Rana and Leah are satisfied with the level of care given. <b>3</b></p> <p>Our Incident Management System has been updated regarding the incident and the current investigation taking place. <b>2, 3</b></p> <p>Open disclosure discussions are to be conducted with consumers and their family representatives regarding the incident. We will advise them of what actions will be taken once the investigation has been concluded, to attempt to prevent further incidents from occurring. <b>6</b></p> <p>It has been communicated to the consumers and their representatives that further training and education will be delivered to all staff about what are appropriate and inappropriate behaviours. If the allegation has been substantiated that termination of the staff member may be appropriate. <b>4, 7</b></p>

Web portal question	Answer
<p><b>What specific action(s) has been taken or is planned to manage or minimise the risk of re-occurrence of this or a similar incident in the future? (continued)</b></p>	<p><b>Example response scenario 3:</b></p> <p>PCW Lucas has been suspended until a full HR and police investigation has been conducted. A meeting has been scheduled with HR and PCW Lucas for 18 October 2021. A letter has been sent to PCW Lucas with the meeting time and allegation details, to give him time to respond. <b>2</b></p> <p>Once the police attend the facility and conduct an investigation, and when the HR investigation is completed, the appropriate actions will be taken to remedy the situation. If the allegation is substantiated, then it will result in termination of employment of the staff member under Code of Conduct. <b>3, 4</b></p> <p>Open disclosure conversations are being conducted with consumers and their family representatives to notify them of the incident that occurred, asking consumers if they need support or an advocate. Reassurance will be given that the incident is being investigated by both HR and the Police. It will be affirmed that the facility will not tolerate this type of behaviour and we will reassure consumers and their families that we will do everything in our power to keep consumers safe. <b>6, 7</b></p> <p>An emergency staff meeting will be held. Staff will be advised of the incident and to reaffirm that sexual assault will not be tolerated, all sexual assaults will be acted upon. Code of Conduct will apply if you are found to have breached the code. All staff are to complete training on Elder Abuse, Code of Conduct, Mobile phones in the workplace, and refresher training on our protocols and policies regarding 'Unlawful sexual contact/conduct', as well as accessing the ready to list training on sexual assault. <b>4, 6, 7</b></p> <p>Our Incident Management System has been updated with the incident details, findings/allegations thus far, and scheduled training. We will continue to add details as they become available. Once all the data has been added, we will review the incident to identify learnings and strategies to prevent re-occurrence of sexual assault. We will put in place any recommendations for continuous improvement. <b>6, 7, 8</b></p> <p>We will notify the Commission of any updates once the police attend the facility, and as further information becomes available. <b>9</b></p>

**In response to the above question, you should consider the following which may refer to the relevant aspects from your Incident Management System:**

- 1.** The actions you have taken or plan to take to identify the causes of the incident (e.g., assessment, used problem solving methodology, root causes analysis, internal/external investigation, other methods).
- 2.** Describe what further actions are proposed in response to the incident. Include any open disclosure actions taken or proposed.
- 3.** Describe what actions have been taken or are being taken to reduce the risk of a similar incident occurring in the future.
- 4.** Whether the incident has been assessed to determine whether it could have been prevented or caused less harm, and the outcome of that assessment.
- 5.** The preventative measures, including remedial actions that have been put in place to identify and manage similar risks. For example, details on planned updates to your processes and procedures to ensure the risk of re-occurrence of this or a similar incident, including near misses, in the future is minimised.
- 6.** Describe the observable differences the Commission, consumers, family members and staff will be able to see as a result of changes made.
- 7.** Describe how you are embedding changes within the service and how you are measuring the effectiveness of the changes.
- 8.** Describe how you have 'closed the loop' by analysing any incident trends to identify and address any systemic issues.





## Reminder:

If further information is available to you, then please ensure any Priority 1 notifications

are updated within five days with the further relevant information once incident analysis or investigation is complete.

The information is to be provided in the form located on the Commission website:

[agedcarequality.gov.au/sirs/provider-resources#approved-forms](https://agedcarequality.gov.au/sirs/provider-resources#approved-forms)

The purpose of this document is to give practical guidance to providers when making reports about serious incidents via the SIRS tile on the My Aged Care Provider Portal.

We have chosen four of the most important questions from the portal to help demonstrate the type of information that should be included in a notification.

*The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.*



### Phone

1800 951 822



### Web

[agedcarequality.gov.au](https://agedcarequality.gov.au)



### Write

Aged Care Quality and Safety Commission  
GPO Box 9819, In Your Capital City