

Injury Form

Your name: _____ Date: _____

Are you (circle one): Staff / Client / Family member / Carer / Other (specify) _____

Please outline your injury and how it occurred, as well actions taken to respond to the event.

Do you wish action to be taken to resolve this? If so, please state the action you are seeking.

Please lodge this form either as a hard copy to Max Schollar-Root, or by email to thehillsmusictherapy@gmail.com. If you need to make a complaint you can fill out The Hills Music Therapy complaint form, or contact the NDIS Commission by calling 1800 035 544 (9am-5pm, Mon-Fri in VIC) or by completing their complaint contact form, available via the NDIS Commission website: <https://www.ndiscommission.gov.au/>

Contact:

Email: thehillsmusictherapy@gmail.com

Phone: 0422 929 143