

This form may be completed if you have genuine concern about a person's medical fitness or competency to safely drive a motor vehicle. This form is intended to be used by family members, friends, carers and concerned members of the public, who have knowledge of the licensee's medical conditions and/or unsafe driving behaviour. If a person poses a serious or immediate threat to road safety, please also raise your concerns with the NSW Police Force, and if possible the person's treating medical practitioner. If you have witnessed unsafe driving, and the driver is unknown to you, the matter should be raised with the NSW Police Force for further investigation.

If you wish to submit an unsafe driving report to Transport for NSW, please complete the following details and take the form, in person, to your nearest service centre. **Please note:** Transport for NSW cannot investigate this matter until you have confirmed with a customer service representative that you have provided the information in good faith, and out of genuine concern for the driver and other road users. It will also be necessary that you provide proof of identity to validate your report.

If you are a registered medical practitioner and wish to report a driver who, in your opinion, does not meet the relevant criteria to hold an unconditional driver licence, this can be done by completing the Medical Condition Notification Form (form 1628).

The form and information for health professionals about assessing fitness to drive can be found at nsw.gov.au

1. Licensee details

Surname

Given name(s)

Address

Postcode

Date of birth

day / month / year

Driver licence number

Vehicle registration

List any medical conditions

.....
.....
.....

Provide details of any witnessed unsafe driving

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.....
.....

(Attach any other relevant documents e.g. medical reports, Aged Care Assessment Team (ACAT) report, statements from other witnesses, etc)

2. Informant details

Name

Address

Postcode

Relationship to licensee

Please note: the contact details you provide in this report will only be used for the purpose of validating the information contained in this report.

Contact phone number(s)

Email address

3. Declaration

You declare that the information on this form is true and complete. Transport for NSW may make enquiries to verify the information provided in this form. Under the road transport legislation you are protected from any civil and criminal liability for giving to Transport for NSW, in good faith, information that another person is or may be unfit to drive or that it may be dangerous for the person to hold a driver licence.

Informant's signature

Date

day / month / year

Personal Information Collection Notice

Transport for NSW is committed to protecting your privacy and ensuring your personal and health information is managed according to law. Find out why we collect your personal information, including how we use and manage it, by reading our privacy statement at transport.nsw.gov.au or phone **13 22 13** to request a copy.

Office use only - (SCM to refer to relevant Frontline procedures for processing unsafe driving reports. Once report has been validated, forward all documents and recommended actions to the Manager of Licence Review Unit)

Service centre

POI produced (specify)

CSR signature:

CSR staff number:

SCM's signature:

Date