



# Unsafe and/or Medically Unfit for Driving Report

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 or registry. **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 relevant Transport for NSW contact details can be found at [roads-maritime.transport.nsw.gov.au/license/health-and-medicals](https://roads-maritime.transport.nsw.gov.au/license/health-and-medicals).**

## 1. Licensee's details

Surname

Given names

Address

  

Postcode

Date of birth

Driver licence number

Vehicle registration

List any medical conditions

  

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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's 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. Privacy Statement and Declaration

Transport for NSW is collecting your personal information and may retain and use it for road safety purposes. You have provided this information voluntarily. Transport for NSW will not disclose your personal information without your consent unless authorised by law. Your personal information will be held by Transport for NSW at 20-44 Ennis Road Milson's Point, NSW 2061 and generally you can contact Transport for NSW to access or correct it.

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

**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/Registry

POI produced (*specify*)

CSR signature:

CSR staff number:

SCM's signature:

Date