12.10.2026

To whom it may concern,

Please register this correspondence as a regulatory complaint and refer it for investigation into Services Australia's apparent failure to notify Comcare of three work-related psychiatric incidents resulting in my hospitalisation on:

• 17 December 2024;
• 1 May 2025; and
• 6 May 2025.

This supplements my correspondence under WHSHD003987 and follows Comcare's FOI decision dated 12 October 2026, reference SOID14083.

I attach Comcare_Incident_Notification_Annexure.pdf. The booklet is indexed and bookmarked. References below use its new "CA" page numbers; original appeal-book references remain visible.

My complaint concerns the agency's knowledge of these incidents, its assessment of its notification obligations, and the absence of notification records located by Comcare.

The incidents and agency knowledge

I remained employed by Services Australia throughout these incidents. My evidence is that I was hospitalised and detained under the Mental Health Act following suicidal crises arising from my treatment during the disciplinary process. I repeatedly disclosed that connection to agency personnel.

For 17 December 2024, the evidence includes:

• My earlier disclosure of suicidal ideation and severe deterioration to Michelle Watson, together with her response (CA 18–19).
• Messages with Matthew Keogh recording his welfare concerns, ambulance involvement and my confirmation that I was at Prince Charles Hospital (CA 20–24).
• Messages with Rose Bellamy surrounding the crisis (CA 25–29).
• The hospital safety plan dated 17 December 2024 (CA 30–31).

Ms Watson also acknowledges receiving my earlier disclosure in paragraphs 19–20 of her witness statement (CA 77–78).

For 1 May 2025, the agency's email trail records my disclosure at 1:57 pm, Ross Hannan forwarding it to Kendall Cini at 2:17 pm, and Mr Cini forwarding it to Amie Davies at 2:23 pm (CA 34–35). A separate disclosure was sent directly to Conduct Standards at 2:33 pm (CA 36).

Ms Davies confirms receipt and describes police welfare-check arrangements in paragraphs 23–26 of her statement (CA 62–63). Ms Watson confirms reading the disclosure on 4 May and contacting Ms Davies about it (CA 85, paragraph 65).

For 6 May 2025, the evidence includes my disclosure to the CEO, copied to Ms Watson (CA 37), Ms Davies's contemporaneous telephone note recording that I was suicidal and attributed my distress to my workplace treatment and suspension (CA 38–39), and subsequent text-message screenshots (CA 40–42).

In paragraph 33, Ms Davies records that Mr Hannan informed her on 7 May that police had located me and I had been transported by ambulance. She states that she did not know whether I had been admitted to hospital (CA 64–65).

That uncertainty requires examination. Please establish what follow-up, assessment or regulatory advice occurred after the agency received information about the crisis and ambulance transport.

Subsequent express notice of hospitalisation

On 11 May, I expressly reported three hospitalisations to Mr Shephard and in a complaint sent to Conduct Standards (CA 50–53). Mr Shephard reproduces that disclosure in his witness statement (CA 91).

The psychiatric letters provide further clinical evidence of deterioration and subsequent presentation at the Royal Brisbane and Women's Hospital in suicidal distress (CA 56–59).

I was not asked to supply hospital admission records for the purpose of assessing Comcare notification requirements. The disclosed records contain no such request. Please investigate whether the agency sought further information, assessed notifiability or consulted Comcare following these disclosures.

The position advanced on Services Australia's behalf

Ms Peta Willoughby, acting as counsel for Services Australia, stated in paragraph 9.2(a) of the respondent's closing submission:

"the Respondent is not required to make any report to Comcare in respect of alleged hospitalisations; that is, any hospitalisations did not occur in the workplace (if they occurred at all) and there is no evidence that they were reported to the Respondent such that any link to the workplace could be established".

The complete submission is at CA 95–114. Paragraph 9.2(a) is at CA 110.

This is the reporting position formally advanced on the agency's behalf. I dispute it because the records establish repeated disclosures, receipt by agency personnel, emergency-service involvement and express reports of hospitalisation. My communications also repeatedly identified the connection to work.

Sections 35–38 of the Commonwealth Work Health and Safety Act 2011 concern notifiable incidents arising out of the conduct of the business or undertaking. An incident occurring outside the workplace does not, by itself, remove the notification obligation.

Comcare's September correspondence confirms that the statutory duty rests with Services Australia, rather than with me (CA 4–9). Please investigate whether the position advanced in paragraph 9.2(a) reflected the agency's actual approach to assessing these incidents.

Their demonstrated use of the internal WHS reporting system

Mr Cini's internal WHS incident report is at CA 115–118. Ms Watson's is at CA 119–124. These records concern their own reported distress arising from interactions with me and demonstrate their familiarity with the agency's internal reporting system.

By contrast, the records provided to me contain no equivalent incident report concerning my three psychiatric crises and hospitalisations, despite the documented disclosures and agency awareness. Comcare's FOI searches also located no responsive notification or communication records from Services Australia.

The contrast warrants investigation: these officials used the WHS reporting system to record concerns about their own wellbeing, while there is no disclosed record of that system being used to assess and escalate the serious incidents affecting me.

I recognise that an internal report and statutory notification to Comcare are separate processes. I include their reports to demonstrate knowledge and use of the internal system, and to ask what happened to the information about my incidents within that system. I am not asking Comcare to investigate whether their own reported distress was notifiable.

Comcare's FOI findings

The FOI decision records that reasonable searches were undertaken and that the requested documents could not be located or did not exist (CA 10–15).

My request covered incident notifications, reports, telephone records, correspondence and requests for advice from Services Australia concerning the three incidents. Together with the agency's documented knowledge, that result provides a substantial basis for investigating whether Services Australia complied with section 38.

Requested action

Please:

1. Register and refer this complaint to the appropriate regulatory team.
2. Investigate whether the three incidents met the notification criteria, what the agency knew and when, and whether notification occurred within the required timeframe.
3. Obtain the agency's internal incident records, notification assessments, follow-up communications and any advice sought from Comcare.
4. Establish whether the agency decided notification was unnecessary and, if so, obtain its reasons and the information on which that decision was based.

5. Confirm the complaint reference and identify any further evidence required.

I intend to request formal admission and detention records from Prince Charles Hospital and the Royal Brisbane and Women's Hospital and can supplement this evidence when they become available.

Severe psychological distress, depression and impaired executive functioning have affected my ability to pursue administrative matters while supporting myself financially. I have now assembled this evidence following receipt of the FOI decision.

Please communicate with me in writing wherever possible.

Kind regards,
Jessica Stunden