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| --- | --- |
| **Type of incident** | |
| Is it a reportable incident?  If Yes, reportable to: | ☐ Yes ☐ No  ☐ NDIS ☐ Other Authorities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
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| **Name of staff member providing report** |  |
| Names of witnesses: *(if applicable)* |  |
| Report relates to: | ☐ Hazard ☐ Near-miss ☐ Incident ☐ Concern/Change |
| Date and time of when issue/incident occurred or was noticed: |  |
| Location / Address: |  |
| Name of Client: |  |

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| **Description of issue being reported:** *(sketch if required)* |
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| **Immediate action taken:** *(if applicable)* |
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| **Suggested further action:** *(include suggestions for reducing or eliminating the issue & timelines)* |
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| **Reported to:**  *(Name of Manager/Coordinator)* |  | **Date:** |  |
| **Signed by:**  *(Name of Staff Member)* |  | **Date:** |  |

\*Note: Forward Incident Report Form Immediately to Manager/Coordinator

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| --- | --- |
| **Incident Investigation** | |
| Date received at head office: |  |
| Report relates to: | ☐ Hazard ☐ Near-miss ☐ Incident ☐ Concern/Change |
| Name of employee: |  |
| Name of client: |  |

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| Short-Term Responses | | | |
| Action/resolution of the issue and feedback to the worker is required immediately if urgent, within 2 days if the situation requires a prompt response and within 5 days for others.  Indicate action taken by Unit Manager/Coordinator: (include discussion & feedback with employee, client/carer) to resolve the issue or provide an interim resolution. | | | |
| Signed by: |  | Date: |  |

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| --- | --- | --- |
| **Response Timeframe** | | |
| ☐ Immediate | Urgent | Date: |
| ☐ Within 2 days | Prompt response required | Date: |
| ☐ Within 5 days | Relatively prompt response required | Date: |

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| **Long-Term Response** |
| If further action is required, outline this and include timelines for review/resolution: |

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| ☐ Reassessment required  *(If yes, complete and file with this report)* | ☐ Issue, action/outcome entered in client file |
| ☐ Issue reduced | ☐ Incident has been recorded in the Incidents Register |
| ☐Issue resolved/eliminated | ☐ Incident has been recorded in the Violent Incidents Register |

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| --- | --- | --- | --- | --- | --- |
| Manager/ Coordinator: |  | Signature: |  | Date: |  |
| Reported to the Health and Safety Committee: | | | ☐ Yes ☐ No | | |