# **Incident Report Form**

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| **DETAILS OF THE INCIDENT** | | | |
| Name of facility |  | Date of (or notification of) incident |  |
| Name of person reporting the incident |  | Time of (or notification of) incident |  |
| Name of person incident is reported to |  | Date & time reported |  |

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| **DETAILS OF THE RESIDENT OR COMMUNITY CLIENT** | | | |
| Name of resident/client |  | Date of birth (or age) |  |
| Medical diagnosis and relevant history |  | Sex | Male  Female |
| Name of support worker assigned to client |  | Date & time representative is notified |  |

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| **INCIDENT REPORT** | |
| **Observations relevant to the incident**  **Please include an explanation of why the recorded observations constitute an incident.**  (Attach a separate sheet if it is necessary to provide more information) |  |

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| **DETAILS OF WITNESS/ES** (Attach written statements, if any) | | | |
| Name |  | | |
| Address |  | Signature of person reporting |  |
| Phone |  | Date signed |  |

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| **TO BE COMPLETED BY THE MANAGER** | | | |
| Incident reported to Department of Health and Ageing? | Yes  No | Date and time reported |  |
| Incident reported to Department of Health and Police? | Yes  No | Date and time reported |  |
| Date and time of investigation form completed |  | | |
| Signature of manager |  | Date signed |  |

End of Incident Report Form