# **Abuse Incident Report Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 resident or client’s representative** |  | **Date & time representative is notified** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF ANY INJURY** | | | |
| **Nature of the injury** |  | | |
| **Immediate care given** |  | | |
| **Name of medical practitioner (MP) notified** |  | **Date & time MP attended** |  |
| **Name of attending police officers & police station** |  | **Date & time police attended** |  |
| **Name of the hospital if transferred** |  | **Date & time transferred to hospital** |  |

|  |  |
| --- | --- |
| **DESCRIPTION OF EVENTS** | |
| **Nature of the injury**  **Factual description of the incident or alleged incident.**  **Please be specific, noting times.**  (Attach a separate sheet if it is necessary to provide more information) |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 Abuse Incident Report Form