| **Type of incident** | |
| --- | --- |
| Is it a reportable incident?  NDIS or any other authorities? |  |

| Name of employee providing report |  |
| --- | --- |
| Names of witnesses if applicable |  |
| This report is about a (please circle): | Concern  Change  Incident |
| Date and time of when issue occurred or was noticed: |  |
| Location/ Address: |  |
| Name of Client: |  |

| **Description of issue being reported: (sketch if required)** |
| --- |
|  |

| **Immediate action taken: (if taken)** |
| --- |
|  |

| **Suggested further action: (include suggestions for reducing or eliminating the issue & timelines)** |
| --- |
|  |

| Reported to: (Name of Manager/Coordinator) |  | Date: |  |
| --- | --- | --- | --- |
| **Signed by:** |  | **Date:** |  |

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

| **Incident Investigation** | |
| --- | --- |
| Date received at head office: |  |
| Please circle: | Concern  Change  Incident |
| Name of employee: |  |
| Name of client: |  |

| 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: |  |

| **Response Timeframe** | | |
| --- | --- | --- |
| **☐ Immediate** | **Urgent** | Date: |
|  |  |  |
|  |  |  |

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

| Manager/ Coordinator: |  | Signature: |  | Date: |  |
| --- | --- | --- | --- | --- | --- |
| Reported to the Health and Safety Committee: | | |  | | |