

## Form - Incident Report

This form is to be used to record all participant incidents.

This form can also be used to record incidents that do not impact clients, such as minor motor vehicle accidents, near misses and building damage, staff injuries or near misses. These incidents are not necessarily submitted via the NDIA Commission portal but are important for the agency to know.

Please contact the Headway Gippsland Inc. head office if you require support to complete this form.

For further information about the types of incidents that require external reporting and reporting timelines, refer to the SD-Incident reporting procedure.

## Form - Incident Report

### Service Provider Details

|                             |                        |
|-----------------------------|------------------------|
| <b>Name</b>                 | Headway Gippsland Inc. |
| <b>Service/program name</b> |                        |

### Reporter's Details

|                                      |  |
|--------------------------------------|--|
| <b>Contact person</b>                |  |
| <b>Contact person position</b>       |  |
| <b>Contact person's phone number</b> |  |
| <b>Date of Report</b>                |  |

### Consumer Information

*Details of the consumer affected by this incident.*

|                                       |  |
|---------------------------------------|--|
| <b>Full Name</b>                      |  |
| <b>Gender</b>                         |  |
| <b>Date of Birth</b>                  |  |
| <b>Address</b>                        |  |
| <b>Date of last service provision</b> |  |

### Incident Details

*Details of when and where this incident occurred.*

|   |  |
|---|--|
| <b>Location of the incident</b>                                       |  |
| <b>Incident date</b>  |  |
| <b>Incident time</b>  |  |
| <b>Date and time Accuracy</b><br><i>(exact, estimated or unknown)</i> |  |

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|  |  |
|--|--|
| <b>Date and Time Incident Disclosed</b>          |  |
| <b>Reported by</b><br><i>(name and position)</i> |  |
| <b>Incident description</b>                      |  |

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**Incident type**

*Please indicate the nature of the incident that occurred (type of injury, cause/s of injury).*

**Actions Taken**

*What actions were taken immediately following the incident*

**Further Planned Actions**

*What actions will be taken next?*

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### Other Incident Details

|   |                         |
|---|-------------------------|
| Participant/s immediate safety needs met  | Yes / No                |
| Medical attention provided                | Yes / No / Not required |
| Participant/s debriefing or counselling   | Yes / No / Not required |
| Referral to support services              | Yes / No / Not required |
| Change of Participant care (support plan) | Yes / No / Not required |

### Next Of Kin

|   |                     |
|---|---------------------|
| Notified                                      | Yes / No            |
| Full Name                                     |                     |
| Date of birth (if participant)                |                     |
| Organisational role or relationship to client |                     |
| Role In Incident                              | Witness/Perpetrator |
| Reported to police                            |                     |
| Date reported to police                       |                     |
| Police investigation initiated                | Yes/ No             |

### Other Notifications

Who has been notified about this incident (Police, ambulance, family etc.)?

|                     |  |
|---------------------|--|
| Name / Relationship |  |
| Name / Relationship |  |
| Name / Relationship |  |

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### Supervisor Details

|                                    |          |
|------------------------------------|----------|
| <b>Name</b>                        |          |
| <b>Job Title</b>                   |          |
| <b>Employee Removed/Stood Down</b> | Yes / No |
| <b>Date Completed</b>              |          |
| <b>Telephone Number</b>            |          |
| <b>Email</b>                       |          |
| <b>Employee Access Restricted</b>  |          |

### Manager Details

|                       |  |
|-----------------------|--|
| <b>Name</b>           |  |
| <b>Job Title</b>      |  |
| <b>Date Completed</b> |  |
| <b>Telephone</b>      |  |
| <b>Email</b>          |  |

**Immediate actions taken by the organisation in response to the client incident**

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Name of Person  
Completing this Form

Signature

Position

Date

This report should be forwarded to your manager immediately.

Added to the Register