



**Accident/Incident Report Form (for internal reports)**

*Please note that any information below may be used if the incident is classified as reportable and is reported to a regulatory body. There are times when a service provider is legally obliged to share information. Legislation related to how information can and cannot be handled includes the:*

- *Privacy and Data Protection Act 2014*
- *Health Records Act 2001.*

**Part 1: Reporter's Details**

Person Reporting Accident/Incident: .....

e.motion21 role: .....

Contact number: .....

**Part 2: Incident Details**

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

If you weren't present at the time of the incident, date Person Reporting became aware of event:

\_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Location where incident occurred (address and location within this address):

\_\_\_\_\_

Incident type (see definitions in *Incident Reporting Procedure*)

\_\_\_\_\_

\_\_\_\_\_

For incidents involving assault:

- Client to client
- Client to staff
- Staff to client (must be marked as Category 1 below)
- Client to other
- Other to client

Incident category (see incident categories in *Incident Reporting Procedure*)

**Part 3: Who was involved?**

**Clients: details**

Family name	First name	Sex M/F	Aboriginal or Torres Strait Islander Y/N	Date of Birth	Address	Participant/witness/Victim (select one P/W/V)	Injured Y/N	Medical professional required? Y/N

**Staff or others details:**

Family name	First name	Position title/Kindship/other	Paid staff/volunteer P/V	Participant/witness/victim P/V/W	Injured? Y/N	Medical Professional required? Y/N

**Part 4: What happened? Describe the incident and the immediate response of staff and/or volunteer/s? (This section should be a brief, factual account of the incident. Include impact on client; who was involved; how, where and when the incident occurred; who did what; who (if anyone) was injured and the nature and extent of injuries (if applicable))**

---



---



---



---



---



---



---

Were any emergency services called to the scene? If so, please state which emergency service/s:

---



---

Was any property or equipment damaged:

- Yes
- No

If yes, details of damage: \_\_\_\_\_

---

---

Signature of reporter:

Date:

**Part 5: Manager's Report**

*Part 5 to be completed by line manager, CEO or agency manager*

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Brief summary of incident**

*Provide a brief summary of incident in 20 words or less*

---

---

---

---

**What actions have been taken and what follow-up actions will be taken in response to the incident?**  
*Please describe what actions have been taken to address safety risks and what will be done to prevent recurrence of the incident*

---

---

---

---

**Staff to client assault**

*These refer to alleged or actual physical or sexual assault where a client is the victim and the perpetrator is a staff member*

Is this an incident of staff to client assault?

- Yes – if yes, complete remaining items in this section
- No

Have immediate client safety needs been met?

- Yes
- No

Has an investigation been initiated?

- Yes
- No

Please provide details: e.g. staff stood down or client removed from site

---

---

**Compulsory treatment**

Are any of the clients subject to compulsory treatment under the Disability Act (2006)

- Yes
- No

Is the conduct reportable to regulatory bodies?

- Yes, DHHS via CIMS \_\_\_\_\_, and/or Commission for Children and Young People \_\_\_\_\_
- No

**Other areas informed**

Line manager/CEO informed

- Yes, Date: \_\_\_\_\_ Time: \_\_\_\_\_
- No

Police contacted

- Yes, Date: \_\_\_\_\_ Time: \_\_\_\_\_
- No

Police Officer's name: \_\_\_\_\_

Police investigation:

- Yes, Date: \_\_\_\_\_
- No

Coroner contacted

- Yes, Date: \_\_\_\_\_ Case number: \_\_\_\_\_
- No
- N/A

WorkSafe Victoria notified

- Yes, Date: \_\_\_\_\_
- No
- N/A

Report quality checked:

- Yes

Signature of Manager:

Date:

Time:

**Part 6: Endorsement CEO or delegate**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Incident report quality checked:

- Yes
- No

Immediate needs of the client are being suitably addressed:

- Yes

No

All appropriate immediate actions have been taken in response to the incident:

Yes

No

Any identified program management failures are being addressed:

Yes

No

N/A

Follow-up action required:

Yes

No

What actions have been taken and what follow-up actions will be taken?

(Please describe what actions have been taken to address safety risks and what will be done to prevent recurrence of the incident)

---



---



---



---

Signature of Chief Executive Officer or delegate: .....

Date: .....

<b>Related Policy</b>	<b>Register</b>
Incident Reporting Procedure	Incident Report Register

<i>Document history</i>				
<i>Date of review/revision</i>	<i>Version</i>	<i>Reviewed/Revised by</i>	<i>Endorsed by</i>	<i>Notes</i>
<i>December 2016</i>	<i>2.0</i>	<i>Chief Executive Officer</i>	<i>Chief Executive Officer</i>	
<i>14 December 2017</i>	<i>3.0</i>	<i>Sarah Marshal</i>	<i>Chief Executive Officer</i>	<i>Reviewed, updated to include CIMS (DHHS) and</i>

				<i>Reportable Conduct Scheme (CCYP)</i>
--	--	--	--	---