

Incident Report Form

Forge Clarity PTY LTD

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Next Review: 10/12/2026

Instructions

This resource is the document that needs to be completed alongside Incident Management Policy and Procedure (Also known as the Incident Report Form Checklist) documents located via:

<https://forgeclarity.com.au/documents>

Each incident and complaint is unique as it requires individual critical assessment. Complete each section with as many details as possible. Ensure that the relevant processes begin as soon as possible and that all processes, including contacting the required departments, are done in a timely manner.

Our system ensures the required timeframes for reporting are followed:

- The incident also involved other reportable aspects: 24 hours.

NDIS INCIDENT REPORT FORM

Forge Clarity PTY LTD

SECTION 1: REPORT DETAILS

Incident Report Number: _____ (Director assigns)

Date Report Completed: ____ / ____ / ____ (DD/MM/YYYY)

Time Report Completed: ____ : ____ (24hr time)

Reported By:

Name: _____ Role: _____

Phone: _____ Email: _____

Were you present during incident? Yes No Arrived during/after

If not present, who informed you?

Name: _____ Role: _____

Time informed: ____ / ____ / ____ at ____ : ____

SECTION 2: CLIENT INFORMATION
=====

Client Name/Client Code: _____

Client Type: NDIS Client Grief Group Member General Public

NDIS Participant Number (if NDIS): _____

Date of Birth: ____/____/_____ Age: _____ Gender: _____

Primary Contact Number: _____

Current Address/Location at time of incident:

-

-
_____Communication Method: Verbal Device Non-verbal Other: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Guardian/Decision Maker (if applicable):

Name: _____ Relationship: _____

Phone: _____ Email: _____

Support Coordinator (if applicable):

Name: _____ Organisation: _____

Phone: _____ Email: _____

SECTION 3: INCIDENT DETAILS

Date of Incident: ____ / ____ / ____ (DD/MM/YYYY)

Time of Incident: ____ : ____ (24hr time)

Time You Became Aware: ____ / ____ / ____ at ____ : ____

Location of Incident:

- Client's home - Address: _____
- Forge Clarity office/premises
- Online/telehealth session (Zoom)
- Community location - Specify: _____
- Other: _____

Service Being Provided:

- Individual therapy (online) Individual therapy (phone)
- Individual therapy (in-person) Group therapy (online)
- Group therapy (in-person) Capacity building support Therapeutic supports
- No service (occurred outside session)
- Other: _____

INCIDENT TYPE (Check all that apply):

REPORTABLE TO NDIS COMMISSION (24 hour reporting required):

- Death of participant
- Serious injury (required medical treatment/hospitalisation)
- Abuse - Physical
- Abuse - Emotional/psychological
- Abuse - Financial
- Abuse - Neglect
- Unlawful sexual contact or assault
- Sexual misconduct or grooming

OTHER INCIDENTS:

- Minor injury (no medical treatment required)
- Near miss (no harm but potential for harm)
- Medication error

- Property damage
- Verbal aggression/threatening behaviour
- Self-harm incident (non-fatal)
- Suicidal ideation disclosed
- Behaviour of concern
- Service delivery failure/error
- Breach of rights or dignity
- Environmental hazard identified
- Privacy/confidentiality breach
- Other:

WHAT HAPPENED (Brief factual description - be objective):

WHO WAS INVOLVED:

Participant/Client: Client Name/Code: _____

Staff Member: Name: _____ Role: _____

Other Participant: Client Name/Code: _____

Family/Carer: Name: _____ Relationship: _____

Other: Name: _____ Role: _____

WITNESSES PRESENT:

1. Name/Code: _____ Role: _____
Contact: _____

2. Name/Code: _____ Role: _____
Contact: _____

3. Name/Code: _____ Role: _____
Contact: _____

SECTION 4: IMMEDIATE ACTIONS TAKEN
=====

First Aid/Medical Response:

- No medical attention required
- First aid provided by: _____ Time: _____
- Ambulance called Time: _____ Paramedic ID/CASE #: _____
- Taken to hospital: _____
- GP contacted - Name: _____ Time: _____
- Other medical: _____

Emergency Services Contacted:

- 000/112 called Time: _____ Operator/CASE #: _____
- Police called Time: _____ Officer Name: _____
Police Report Number: _____
- Fire services called Time: _____
- Not required

Safety Actions Taken:

- Area secured/hazard removed
- Client moved to safe location
- Other participants moved/session ended
- Environment modified:

- Other:

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People Notified:

- Emergency Contact notified
Name: _____ Time: ____/____/____ at ____:_____

Method: Phone Email In person

Guardian notified

Name: _____ Time: ____ / ____ / ____ at ____ : _____

Method: Phone Email In person

Support Coordinator notified

Name: _____ Time: ____ / ____ / ____ at ____ : _____

Method: Phone Email In person

Director (Tegan Elza Banks) notified

Time: ____ / ____ / ____ at ____ : _____

Method: Phone Email In person

Other: _____ Time: ____ / ____ / ____ at

____ : _____

Support Provided to Client:

-

-

-

Safety Plan Provided? Yes No

Crisis Resources/Referrals Given:

Lifeline: 13 11 14

Beyond Blue: 1300 22 4636

Crisis hotline

Hospital emergency

GP referral

Other:

-

SECTION 5: RISK ASSESSMENT

Level of Harm/Risk:

- No harm occurred, no ongoing risk
- Minor harm - no medical treatment required
- Moderate harm - medical treatment required
- Serious harm - hospitalisation/significant injury
- Extreme harm - life threatening/death

Type of Harm:

<input type="checkbox"/> Physical injury to self	<input type="checkbox"/> Physical harm to others
<input type="checkbox"/> Psychological/emotional harm	<input type="checkbox"/> Sexual harm
<input type="checkbox"/> Financial harm	<input type="checkbox"/> Neglect
<input type="checkbox"/> Rights violation	<input type="checkbox"/> Property damage

Current Risk Status:

- Risk resolved - safe to continue service
- Ongoing monitoring required
- Service modifications needed
- Service suspended pending review
- Service ceased
- Immediate danger - escalate urgently

SECTION 6: CONTRIBUTING FACTORS
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What contributed to this incident? (Check all that apply)

Environmental:

<input type="checkbox"/> Inadequate supervision	<input type="checkbox"/> Unsafe physical environment
<input type="checkbox"/> Equipment failure	<input type="checkbox"/> Noise/sensory overload
<input type="checkbox"/> Inadequate lighting	<input type="checkbox"/> Other: _____

Human Factors:

<input type="checkbox"/> Communication breakdown	<input type="checkbox"/> Lack of training/skills
<input type="checkbox"/> Non-compliance with procedures	<input type="checkbox"/> Staff fatigue/stress
<input type="checkbox"/> Client health/medical condition	<input type="checkbox"/> Behaviour trigger
<input type="checkbox"/> Substance use	<input type="checkbox"/> Other: _____

System Factors:

<input type="checkbox"/> Inadequate policy/procedure	<input type="checkbox"/> Resource shortage
<input type="checkbox"/> Time pressure	<input type="checkbox"/> Inadequate risk assessment
<input type="checkbox"/> Staffing issues	<input type="checkbox"/> Other: _____

Additional Details:

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SECTION 7: IMPACT AND OUTCOMES
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Impact on Client:

Physical Impact:

- No injury
- Minor injury (bruise, scratch, minor pain) - describe: _____
- Moderate injury (required medical attention) - describe: _____
- Serious injury (hospitalisation) - describe: _____
- Death

Emotional Impact:

- No distress observed
- Mild distress (brief upset, recovered quickly)
- Moderate distress (significant upset, support needed)
- Severe distress (traumatised, ongoing support required)

Impact on Service:

- No disruption - service continued
- Minor disruption - session continued with modifications
- Significant disruption - session ended early
- Service suspended
- Other:

Impact on Others:

- No impact on others
- Other clients affected - Client Codes: _____
- Staff member affected - Name: _____
- Public/property affected - Details: _____

SECTION 8: REPORTING REQUIREMENTS
=====**NDIS COMMISSION REPORTING:**

Is this reportable to NDIS Commission?

- YES - Reportable incident (complete below)
- NO - Not reportable
- UNSURE - Director to determine

If YES, Reported to NDIS Commission:

Date/Time Reported: ____ / ____ / ____ at ____ : ____

Reported By: _____ (Authorised Notifier)

NDIS Commission Reference Number: _____

Method: NDIS Commission Portal Phone: 1800 035 544

OTHER REPORTING:

Police:

Reported Date/Time: ____/____/____ at ____:____
 Officer Name: _____ Report #: _____

Not required

Pending Director review

Work Health & Safety (Notifiable Incident):

Reported to: _____ Date/Time: ____/____/____:____
 Not required

Child Protection/Elder Abuse:

Reported to: _____ Date/Time: ____/____/____:____
 Not required
 Not applicable

ACA (Australian Counselling Association):

Reported Date/Time: ____/____/____ at ____:____
 Not required

Insurance Company:

Reported Date/Time: ____/____/____ at ____:____ Claim #: _____
 Not required

Other Authorities:

Reported to: _____ Date/Time: ____/____/____:____
 Not required

SECTION 9: FOLLOW-UP ACTIONS AND PREVENTION

Immediate Actions Required (0-24 hours):

Medical follow-up arranged for: ____/____/____
 Risk assessment updated
 Support plan reviewed
 Environmental modifications made
 Client debriefing scheduled
 Family/guardian updated
 Other: _____

Assigned to: _____ Due: ____/____/____

Short-term Actions (1-7 days):

Formal investigation required - Lead: _____
 Policy/procedure review
 Staff training required - Topic: _____

- Service delivery modifications
- Corrective action plan developed
- Other:

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Assigned to: _____

Due: ___/___/_____

Long-term Actions:

- Ongoing monitoring - Frequency: _____
- System improvements identified
- Quality improvement activities
- Other:

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Assigned to: _____

Due: ___/___/_____

COULD THIS HAVE BEEN PREVENTED?

- Yes - How:

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- No

Partially - How: _____

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—

- Unknown - requires investigation

Recommendations to Prevent Recurrence:

1.

—

2.

—

3.

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SECTION 10: CLIENT COMMUNICATION
=====

Has client been informed about incident management process?

Yes Date: ____ / ____ / _____ Method: Verbal Written Both
 No - Reason:

—
 Not applicable
 Pending

Client's Understanding of Incident:

—

Client's Views on Prevention:

Support Requested by Client:

<input type="checkbox"/> Counselling/debriefing	<input type="checkbox"/> Advocate support
<input type="checkbox"/> Service changes	<input type="checkbox"/> No additional support
<input type="checkbox"/> Unable to communicate	<input type="checkbox"/> Other: _____

How Client Will Be Kept Informed:

Regular updates via: _____ Final report
 Outcome discussion on: ___/___/___

Client Satisfaction with Response:

Satisfied Partially satisfied Not satisfied Unable to assess N/A

SECTION 11: INVESTIGATION

Is formal investigation required?

Yes - complete below
 No
 Pending Director determination

If YES:

Investigation Type:

Internal investigation External investigation
 Police investigation NDIS Commission investigation
 Other:

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Investigation Lead: _____ Role: _____

Target Completion: ____/____/_____

Investigation Status:

Not commenced In progress Completed on: ____/____/_____

Key Findings (when completed):

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SECTION 12: INCIDENT CONTACTS AND DOCUMENTS

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KEY CONTACTS FOR THIS INCIDENT:

1. Contact Type: Witness Emergency Contact Medical Police Other

Name: _____

Role/Relationship: _____

Phone: _____ Email: _____

Notes:

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2. Contact Type: Witness Emergency Contact Medical Police Other

Name: _____

Role/Relationship: _____

Phone: _____ Email: _____

Notes:

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3. Contact Type: Witness Emergency Contact Medical Police Other

Name: _____

Role/Relationship: _____

Phone: _____ Email: _____

Notes:

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DOCUMENTS AND ATTACHMENTS:

Supporting Documents Attached:

- Witness statement - Name/Code: _____
- Witness statement - Name/Code: _____
- Medical report/documentation
- Photographs (with consent) - # of photos: _____
- Emergency services report
- Police report - Report #: _____
- Body map (if injury)
- Previous incident reports (relevant)
- Risk assessment
- Communication from family/guardian
- Other:

Number of Attachments: _____

Documents to be Obtained:

- Medical records from: _____
- Police report - Report #: _____
- Investigation report - Due: ____/____/_____

Other:

Related Documents/Records:

Client Service Agreement: On file Need to attach

Previous Incident Reports: On file Need to attach None

SECTION 13: REPORTER CERTIFICATION

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I certify that:

- The information provided is accurate to the best of my knowledge
- I have acted in accordance with Forge Clarity policies and procedures
- I have prioritised the safety and wellbeing of all affected persons
- I have maintained confidentiality except where legally required to disclose
- I understand my mandatory reporting obligations under NDIS and ACA requirements
- I have completed this report in a timely manner

Reporter Name: _____
(Print name)

Reporter Signature: _____ Date: ____/____/_____

Position/Role: _____

Contact Phone: _____

SECTION 14: DIRECTOR REVIEW AND ACTION

(To be completed by Director: Tegan Elza Banks)

=====

Date Received: ____/____/____ Time: ____:____

Director's Assessment:

Incident Classification:

- Reportable to NDIS Commission - Category: _____
- Not reportable to NDIS Commission
- Police notification required
- Other authority notification required
- Investigation required
- Corrective action required
- No further action required

Actions Taken by Director:

- Reported to NDIS Commission on ____/____/____ at ____:____
Reference #: _____

- Police notified on ____/____/____ at ____:____
Officer: _____ Report #: _____

- ACA notified on ____/____/____ at ____:____

- Insurance notified on ____/____/____ at ____:____
Claim #: _____

- Work Health & Safety notified on ____/____/____ at ____:____

- Other authority notified: _____
Date/Time: ____/____/____ at ____:____

- Investigation assigned to: _____
Due date: ____/____/____

- Corrective actions: _____

- Client file updated
- Incident Register updated - Entry #: _____
- Risk assessment updated
- Service modifications: _____

- Staff training scheduled: _____

Policy review scheduled: _____

Director's Comments:

Systemic Issues Identified:

- None identified
- Policy/procedure gaps
- Training deficiencies
- Communication issues
- Resource/staffing issues
- Environmental factors
- Other:

Quality Improvement Actions:

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Assigned to: _____ Due: ____ / ____ / ____

Director Signature: _____ Date: / /

Tegan Elza Banks
Director and Lead Therapist
Forge Clarity PTY LTD

SECTION 15: INCIDENT CLOSURE

Date Incident Resolved: _____/_____/_____

Resolved By: _____

Final Outcome:

- Successfully resolved
- Partially resolved - ongoing monitoring required
- Unresolved - escalated
- Other:

Summary of Resolution:

Corrective Actions Implemented:

Client Informed of Outcome:

Yes Date: ___/___/_____ Method: Verbal Written Both
 No - Reason:

Client Satisfaction with Resolution:

Satisfied Partially satisfied Not satisfied Unable to assess N/A

Comments:

Lessons Learned Applied:

Case Closed By: _____

Closure Date: ____/____/_____

Signature: _____

SECTION 16: RECORD KEEPING

This incident report will be:

- Entered in Incident Register - Client Code: _____ Entry #: _____
- Stored in client file (Director access only)
- Uploaded to NDIS Commission portal (if reportable)
- Provided to other agencies as required by law

Record Retention: This record will be retained for MINIMUM 7 years from date of incident as required by NDIS legislation.

Scheduled Destruction Date: ____ / ____ / _____ (7 years from incident date)

Access Restrictions:

- Director only (Tegan Elza Banks)
- Authorised personnel only (with Director approval)
- As required by law/NDIS/court order

Secure Storage Location: _____

Unique Client Code Used: _____ (for privacy protection)

=====

PRIVACY NOTICE: This document contains sensitive personal information and is subject to Privacy Act 1988 and Australian Privacy Principles. Unauthorised access, use, or disclosure is prohibited.

FOR QUESTIONS OR CLARIFICATION:

Contact: Tegan Elza Banks, Director

Email: info@forgeclarity.com.au

Phone: [Insert phone number]

Website: <https://forgeclarity.com.au/documents>

NDIS Commission: 1800 035 544 | ndiscommission.gov.au

Emergency: 000 (Australia) | 112 (International)

Lifeline: 13 11 14 | Beyond Blue: 1300 22 4636

END OF INCIDENT REPORT FORM

Report Number: _____

Client Name/Code: _____

Date: ____/____/_____

Form Version: 1.0

Effective Date: November 2025

Review Date: December 2026

This form meets NDIS Commission incident reporting requirements and aligns with Forge Clarity PTY LTD policies and procedures.