

# Incident Report Form

Forge Clarity PTY LTD

Document: Incident Report Form | Version: 1.0 | Date: 10/12/2025

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**  
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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**

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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:

\_\_\_\_\_

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\_\_\_\_\_

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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**

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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:
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WHAT HAPPENED (Brief factual description - be objective):

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WHO WAS INVOLVED:

Participant/Client: Client Name/Code: \_\_\_\_\_

Staff Member: Name: \_\_\_\_\_ Role: \_\_\_\_\_

Other Participant: Client Name/Code: \_\_\_\_\_

Family/Carer: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other: Name: \_\_\_\_\_ Role: \_\_\_\_\_

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WITNESSES PRESENT:

1. Name/Code: \_\_\_\_\_ Role: \_\_\_\_\_

Contact: \_\_\_\_\_

2. Name/Code: \_\_\_\_\_ Role: \_\_\_\_\_

Contact: \_\_\_\_\_

3. Name/Code: \_\_\_\_\_ Role: \_\_\_\_\_

Contact: \_\_\_\_\_

#### SECTION 4: IMMEDIATE ACTIONS TAKEN

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##### 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:

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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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:

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## SECTION 5: RISK ASSESSMENT

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### 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: \_\_\_\_\_
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Impact on Others:

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

## SECTION 8: REPORTING REQUIREMENTS

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### 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

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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:

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3.

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**SECTION 10: CLIENT COMMUNICATION**

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Has client been informed about incident management process?

☐ Yes Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Method: ☐ Verbal ☐ Written ☐ Both

☐ No - Reason:

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☐ Not applicable

☐ Pending

Client's Understanding of Incident:

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Client's Views on Prevention:

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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

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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:

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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)

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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:

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Systemic Issues Identified:

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

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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**

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Date Incident Resolved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Resolved By: \_\_\_\_\_

Final Outcome:

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

\_\_\_\_\_

Summary of Resolution:

\_\_\_\_\_

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Corrective Actions Implemented:

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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:

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Lessons Learned Applied:

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Case Closed By:

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Closure Date:

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Signature:

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**SECTION 16: RECORD KEEPING**

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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)

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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](mailto:info@forgeclarity.com.au)

Phone: [Insert phone number]

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

NDIS Commission: 1800 035 544 | [ndiscommission.gov.au](http://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.