

Incident Report for Emergency Services

Forge Clarity PTY LTD

Instructions

1. Complete this form immediately after addressing the crisis.
2. Provide this document to the Director and to emergency responders as needed.
3. The Director will consult legal counsel, ACA and NDIS to ensure compliance with state/country laws. If you are a volunteer we recommend that you also contact your relevant registration body (eg ACA/PACFA etc).

Note

- Confidentiality Statement: This report is shared solely for emergency intervention and legal compliance. Unauthorised disclosure is prohibited.
 - Retain a copy in the client's file and the organisation's records.
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Organisation Name: Forge Clarity PTY LTD

Date & Time of Report:

1. Client Information

- Client Full Legal Name:.....
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- Date of Birth:.....

- Address:

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- Phone Number:

- Emergency Contact Full Legal Name:

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- Emergency Relationship:

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- Emergency Contact Phone:

2. Therapist/Clinician Information

- Full Legal Name:

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- License Type/Number:.....

- Phone:

- Email:

3. Incident Details

- Date/Time of Incident:

- How Incident Was Reported:

- ☐ During therapy session (group/online/phone/private session)
- ☐ Phone call
- ☐ Email/message
- ☐ Third-party report (e.g., family member)

Details:

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- Nature of Risk:

- ☐ Active suicidal ideation with plan/means
- ☐ Homicidal threats toward identifiable person(s)
- ☐ Disclosure of child/elder abuse or neglect
- ☐ Other:

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- Risk Assessment:

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- Verbatim Statement(s) from Client:

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- Plan/Mean Disclosed:

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- Intended Victim(s):

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- Client's Residential Address:

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- Client's Current Location (if different from residential address / if known):

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4. Actions Taken

- Immediate Response:

- ☐ Stayed online with client until emergency services arrived.
- ☐ Moved client to a secure/private virtual breakout room (if online).
- ☐ Contacted emergency services at: (time/date).
- ☐ Contacted emergency contact/person at risk:

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- Emergency Services Contacted:

- Agency Name: (e.g., 000, police, fire, 112)

- Responder

Name/ID:.....

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- Case/Report Number:

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- Advice/Instructions Given:

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5. Follow-Up

- Safety Plan Provided: ☐ Yes ☐ No

- Referrals Given:(e.g., crisis hotline, hospital)

- Next Steps:

☐ Director/organisation notified at:

☐ Client's primary care provider notified:

☐ Scheduled follow-up session (if applicable):

6. Documentation & Signatures

- Attachments:

☐ Copy of consent form (if applicable)

☐ Previous incident reports (if relevant)

- Therapist Certification:

I confirm that the information provided is accurate to the best of my knowledge. I have breached confidentiality only as required by law to protect life, and as required under NDIS, Australian Counselling Association mandatory reporting requirements.

Signature:

Date:

- Director of Forge Clarity (if applicable): Tegan Elza Banks

Mobile:

Email:
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Signature:

Date: