

## Incident Report for Emergency Services

Organisation Name: Forge Clarity PTY LTD

Date/Time of Report: \_\_\_\_\_

### 1. Client Information

- Client Name: \_\_\_\_\_

- Date of Birth: \_\_\_\_\_

- Address:

\_\_\_\_\_

\_\_\_\_\_

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- Phone Number: \_\_\_\_\_

- Emergency Contact:

\_\_\_\_\_

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(Name/Relationship/Phone) \_\_\_\_\_

### 2. Therapist/Clinician Information

- Name:

\_\_\_\_\_

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- License Type/Number: \_\_\_\_\_

- Phone:

\_\_\_\_\_

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- Email:

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### 3. Incident Details

- Date/Time of Incident:

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- How Incident Was Reported:

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

- 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:

- Verbatim Statement(s) from Client:

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- Plan/Mean Disclosed: \_\_\_\_\_
- Intended Victim(s): \_\_\_\_\_ (if applicable)
- Client's Current Location: \_\_\_\_\_

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: \_\_\_\_\_.

- Emergency Services Contacted:
  - Agency Name: \_\_\_\_\_ (e.g., 000, police, fire, 112)
  - Responder Name/ID: \_\_\_\_\_
  - Case/Report Number: \_\_\_\_\_
  - Advice/Instructions Given: \_\_\_\_\_

5. Follow-Up

- Safety Plan Provided: ☐ Yes ☐ No
- Referrals Given: \_\_\_\_\_ (e.g., crisis hotline, hospital)

- Next Steps:

- ☐ Supervisor/organisation notified at: \_\_\_\_\_ (time/date).
- ☐ Client's primary care provider notified: \_\_\_\_\_.
- ☐ Scheduled follow-up session: \_\_\_\_\_.

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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Supervisor/Reviewer (if applicable):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Notes

- 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.

#### Template Instructions

1. Complete this form immediately after addressing the crisis.
2. Provide this document to emergency responders as needed.
3. Consult legal counsel to ensure compliance with state/country laws.