

INCIDENT REPORT FORM

1. Incident Details

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Service Type (tick):

☐ AT Servicing/Repair

☐ Equipment Delivery

☐ Subcontracted Work

☐ Home Visit

☐ Other: _____

2. Person(s) Involved

Participant Name (if known): _____

Other individuals involved (e.g. staff, visitors):

3. Description of Incident

Provide a factual account of what happened, including events leading up to and following the incident:

4. Type of Incident (tick all that apply)

- ☐ Near miss / No injury
- ☐ Minor injury
- ☐ Serious injury
- ☐ Equipment failure/malfunction
- ☐ Property damage
- ☐ Observation of abuse/neglect
- ☐ Unauthorised restrictive practice
- ☐ Other (specify): _____

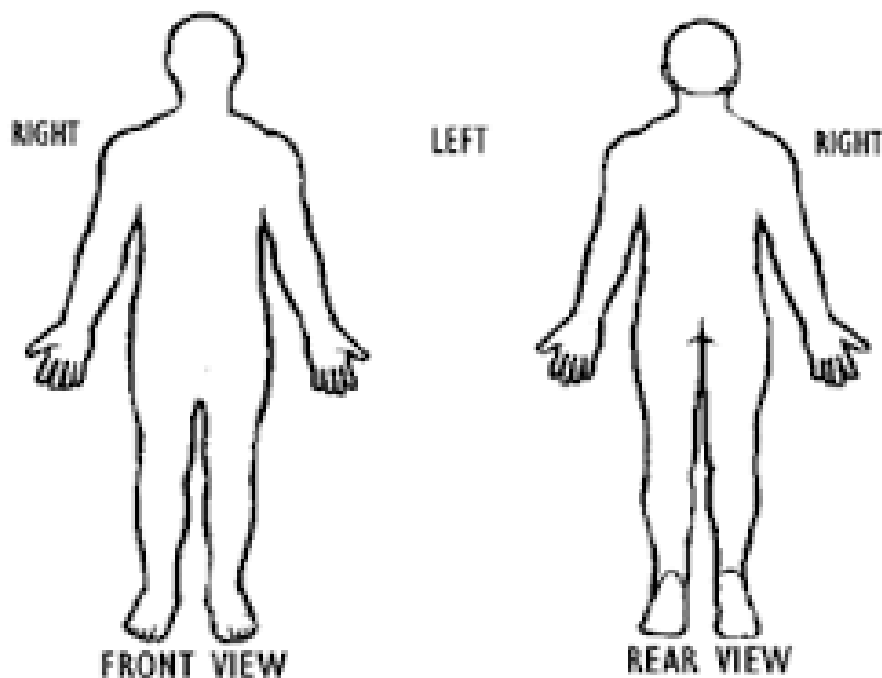


Figure 1 - Use person illustration to indicate the location of injury, if applicable.

5. Was First Aid Administered?

- ☐ Yes
- ☐ No

If yes, describe what was provided and by whom:

6. Immediate Actions Taken

What actions were taken to manage or resolve the situation?

7. Person Completing Report

Name: _____

Role (e.g. Technician, Carer, Participant or other): _____


Signature: _____

Date: _____

8. Submission of Incident Form

You can raise a complaint by:

 Email: admin@atresolutions.com.au

 Phone: 0435 261 745

 In person or through a support person

Anonymous complaints will also be accepted.

9. Manager Review and Assessment

Name: _____

Date Received: _____

Is this incident notifiable under NDIS Rules?

☐ Yes ☐ No ☐ To be confirmed

If yes, what type of reportable incident?

☐ Death ☐ Serious Injury ☐ Abuse/Neglect ☐ Sexual/Physical Assault
☐ Sexual Misconduct ☐ Unauthorised Restrictive Practice

Date Notified to NDIS Commission (if applicable): _____

10. Corrective Actions / Follow-up

Risk control measures implemented:

Staff/client informed of actions taken: ☐ Yes ☐ No

Incident closed on: _____

Signed: _____ (Managing Director or Delegate)