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| **Incident Report** |

To be completed within **12 hours of the incident/accident** occurring by witnesses or people involved in incident.

## **Incident details**

**Participant – add valid NDIS number:**

**Staff member**

**Other (state whom):**

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| **Date of incident** |  | |
| **Time of incident** |  | |
| **Injured person’s name** |  | |
| **Incident location** |  | |
| **Name of person reporting the incident** |  | |
| **Contact details** | **Phone** |  |
| **Email** |  |
| **Date of report** |  | |

**Witness details**

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| **Name of witness** |  |
| **Phone** |  |
| **Email** |  |
| **Witness’ description of the incident** |  |

## **Description of the Incident (participant/staff)**

**Identify who provided information (for future investigation)**

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## **Description of injuries or impact on person (if applicable)**

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## **Actions taken by our organisation (e.g. first aid, ambulance called, support to person)**

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## **Office use only:**

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| **Report received by:** |  |
| **Date:** |  |
| **Action required:** | Investigation  Continuous improvement review |
| **Reportable incident** | Yes  No  Date advised: |
| **NDIS Commission advised** | No  Yes – date advised: / /  Report type:  5 day report  24-hour report |
| **Report escalated to:** |  |
| **Date report escalated** |  |
| **Other information:** |  |