

|  |
| --- |
| **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):**

|  |  |
| --- | --- |
| **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**

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

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

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

|  |
| --- |
|   |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

## **Office use only:**

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