

Supply Ministry | Incident Report Form

This form is to be used for reporting incidents, in accordance with the Incident Management Policy which you can read [here](#).

If you are reporting on a reportable incident or are not sure whether this may be a reportable incident, please immediately contact the incident manager or other key personnel.

Part A- To be completed by a worker who has become aware or witnessed the incident.

Part A:

Incident Report Details	
Details of Worker who incident was first reported to	Name: Position: Contact Details:
Report Date	
Has this incident been reported to the Incident Manager?	Yes / No If yes, please complete: Incident Manager: Time & date notified: Notified via: [Phone call/ Email/ Other]

Name of the NDIS Participant affected by the incident			
Title:	Surname:	Given Name(s):	
Address:		Phone:	
Date of Birth		Email	
Next of Kin:	Surname:	Given Name:	
Incident (select applicable)			
Acts, omissions, events occurring in relation to providing supports	<input type="checkbox"/>	Have or could have caused harm	<input type="checkbox"/>
Acts by person with a disability	<input type="checkbox"/>	Have caused serious harm or risk of harm to another person	<input type="checkbox"/>

Supply Ministry | Incident Report Form

Incident Details	
Date of, or disclosure of, event:	Time:
Location:	
Type of incident Please tick the most relevant type of incident from list below: <input type="checkbox"/> Incident that resulted in harm or risk of harm to a Participant <input type="checkbox"/> Incident caused by Participant resulting in serious harm or risk of serious harm to another person Reportable Incidents: <input type="checkbox"/> Death of a Participant <input type="checkbox"/> Serious injury to a Participant <input type="checkbox"/> Abuse or neglect of a Participant <input type="checkbox"/> Unlawful physical contact or assault of a Participant <input type="checkbox"/> Unlawful sexual contact with or sexual assault of a Participant <input type="checkbox"/> Sexual misconduct committed against or in presence of a Participant <input type="checkbox"/> Use of an unauthorised restrictive practice in relation to a Participant Non- NDIS/Other incident: <input type="checkbox"/> Work Health & safety incident <input type="checkbox"/> Infection <input type="checkbox"/> Hazardous Exposure <input type="checkbox"/> Other	
Describe the incident <i>Please include a detailed description of the incident, including information regarding:</i> <i>Who was involved</i> <i>What and how it occurred or was alleged to have occurred</i> <i>Why it occurred (if known)</i>	
Is this a reportable incident ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has the Incident Manager been notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supply Ministry | Incident Report Form

(For Injuries) – Nature of Injury			
<input type="checkbox"/> Contusion/crush	<input type="checkbox"/> Burn	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Amputation
<input type="checkbox"/> Laceration/open wound	<input type="checkbox"/> Superficial injury	<input type="checkbox"/> Foreign body	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Concussion	<input type="checkbox"/> Sprain/strain	<input type="checkbox"/> Fracture	<input type="checkbox"/> Dermatitis
(For Injuries) – Location of Injury			
<input type="checkbox"/> Head/ face	<input type="checkbox"/> Eye	<input type="checkbox"/> Internal organs	<input type="checkbox"/> Other:
<input type="checkbox"/> Hand/fingers	<input type="checkbox"/> Shoulder/arms	<input type="checkbox"/> Trunk (other than back)	
<input type="checkbox"/> Hip/ leg	<input type="checkbox"/> Foot/toes	<input type="checkbox"/> Back	

Immediate actions taken to make situation safe (including any medical treatment received, or assistance provided/offered):	
Witnesses <i>(for Notifiable incident attach signed witness statement or letters of complaint)</i>	
Witness Name:	Witness Phone:
Witness Name:	Witness Phone:
Witness Name:	Witness Phone:
Email:	

Part B:

INVESTIGATION - to be completed by Incident Manager and/ or other Key Personnel Always ensure the person/s affected by the incident are considered during the investigation		
Outcome of Investigation:		
(For Reportable Incidents) Reported incident to NDIS? If yes, Date of contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reported incident to any other external agencies? If yes, List Agency and Date of contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please note: NDIS reportable incidents must be reported to the NDIS Quality & Safeguards Commission within 24 hours, except in the case of an unauthorised restrictive practice where no harm or injury has resulted which must be reported in 5 days.		
Action/s to be taken to prevent further similar incidents from reoccurring or minimise their impact:		
Action:	Responsibility:	Completion Date:

Supply Ministry | Incident Report Form

Have all relevant parties been spoken to and consulted?	Date: __/__/__
Was the incident preventable?	
How well was the incident managed?	
How well was the incident resolved?	
Do other parties/ external agencies need to be notified of the outcome?	
Has Participant been consulted, and feedback sought regarding:	<input type="checkbox"/> How well the incident was managed <input type="checkbox"/> Whether they received adequate support <input type="checkbox"/> Expectations for appropriate resolution <input type="checkbox"/> Updated on the investigation/ outcomes/ findings <input type="checkbox"/> Informed of actions taken
Feedback From Participant	Please Describe:
Incident Discussed at Team Meeting?	Date: __/__/__
Investigator Details	
Name:	Signature:
Incident Manager Signature	
Completed form to be stored and Incident to be recorded in Incident Management Register	