Organisation Details

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation |       |  Service |       |
| Contact Person |       |  | Contact Person’s Position |       |
| Contact Person’s Phone Number |       |

Consumer Information

Details of the consumer affected by this incident.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name |       |  | First Name |       |
| Gender |       |  | Date of Birth |       |
| Address |       |
| Is the consumer subject to any legal orders? |       |
| (If Yes, please Specify) |  |

Incident Details

Details of when and where this incident occurred.

|  |  |
| --- | --- |
| Location of Incident |       |
| Incident Date |       |  | Incident Time |       |
| Reported By |       |  | Position |       |
| Witnessed By |       |  | Position |       |

Notifications

Who has been notified about this incident (Police, ambulance, family etc.)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name / Relationship |       |  | Time and Date |       |
| Name / Relationship |       |  | Time and Date |       |
| Name / Relationship |       |  | Time and Date |       |

Incident Type

Please indicate the nature of the incident that occurred (type of injury, cause/s of injury).

|  |
| --- |
|       |

Specific Incident Details

Please provide a clear, factual summary, including any contributing factors to the incident.

|  |
| --- |
|  |
|       |

Actions Taken

|  |
| --- |
| What actions were taken immediately following the incident? |
|  |
|       |

Further Planned Actions

What actions will be taken next?

|  |
| --- |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Person Completing this Form |       |  | Signature |       |
| Position |       |  | Date |       |

This report is to be completed in line with the *Consumer Related Reportable Incident Reporting Policy for Tasmania’s DHHS Funded Community Sector* and forwarded within 2 working days of the incident occurring. If you are unsure of who to forward this report to, please contact the Community Sector Quality and Safety Team on 6777 1982 or communitysector.quality@dhhs.tas.gov.au

|  |
| --- |
| **Please affix any additional information to this form** |