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](mailto:communitysector.quality@dhhs.tas.gov.au)

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