

NOTE: This document is a template and should be modified to suit your organisations approach to incident management. It should align with your Incident Management Policy

Incident Report

INSTRUCTIONS

SECTION 1 - DETAILS OF PERSON MAKING THIS REPORT		
Family name:		
First name:		
Position:		
Department/section:		
Date:		
Contact Details		
If you are not an employee or contractor directly involved, did you witness the incident?	Yes	No

SECTION 2 - INCIDENT DETAILS		
Date of incident:		
Time of incident:		am pm
Exact location of the incident		
Does the incident involves Physical or Sexual Abuse?	Yes	No

SECTION 2 - INCIDENT DETAILS (Continued)

Describe the nature of the incident and what occurred	Briefly describe what happened at the time of the incident. Were there causes/contributing factors?	
If a person has been injured, describe the nature and body part of the injury.		
If a death has occurred – follow death / serious injury procedure immediately		
Was any equipment, furniture or physical structures involved in the incident?	Yes	No
If yes, please provide details:		

SECTION 3 - WITNESSES

Were there any witnesses to the incident?	Yes	No
If yes, please list all witnesses' full names and contact details.		

SECTION 4 - IMMEDIATE REPORTING AND FOLLOW UP

Was the incident reported to a supervisor?		Yes	No
If yes, please provide details:			
Was any treatment or response recommended by the supervisor or actions taken by the reporting person or witnesses?		Yes	No
If yes, please provide details:			
If there was an injury to a staff member, did the injured worker return to work following the injury? Refer to Workplace Health and Safety Policy for actions.		Yes	No
If yes, please provide details:			

SECTION 5 - REPORTING PERSON SIGNATURE

I, _____ (print name),
of _____ (insert company name),
hereby confirm the above is a true and correct reflection of the incident.

Signature:

Date:

Investigation and Improvement Actions

SECTION 6 - SUPERVISOR CONFIRMATION

I, _____ (print name),
of _____ (insert company name),
hereby confirm receipt of this notification.

Signature:

Date:

SECTION 7 - INVESTIGATION AND IMPROVEMENT ACTIONS

Incident Reference Number		
Listed on Incident Register	Yes	No

Is an internal investigation required?	Yes	No
If yes, list the name of the investigator and a contact details	See Incident Policy and Incident Guidance for process and requirements.	
Is this a Physical or sexual Abuse Incident?	Yes	No

SECTION 7 - INVESTIGATION (Continued)

Is this a Mandatory Reporting Incident?		Yes	No
If yes, please provide details	See relevant Policy for guidance		
Do external authorities including Police, WHS or Regulators need to be contacted?		Yes	No
If yes, please list the name of the authority, contact details and date contacted	Note who contacted the authority and the response provided by the authority.		
When is the investigated to commence?	Insert date →		
When is the investigated to be completed?	Insert date →		
Do Controls need to be immediately implemented?		Yes	No
If yes, provide details of the controls and person responsible			
An investigation Report has been completed and provided to Senior Management?		Yes	No
If yes, please provide details to whom report is provided and where report is safely secured.			

SECTION 7 - INVESTIGATION (Continued)

Has the organisation received feedback from the external authority's investigation?		Yes	No
If yes, please provide details and actions taken.			
Has the CEO and/or Board been provided feedback in regards to all investigations?		Yes	No
If yes, please provide details when report and action plan was provided to CEO and/or Board			
Have recommended actions been communicated to staff and key stakeholders?			
Date 1	Audience		
Date 2	Audience		
Date 3	Audience		

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