| REPORT NUMBER: Office use only | ☐ ☐ ☐ ☐ ☐ ☐ |
|---|---|

☐ **INCIDENT/INJURY REPORT** ☐ **CONCERN REPORT**

☐ **WORKER AFFECTED** ☐ **CLIENT AFFECTED**

**Full Name(s) of person(s) affected:** _____

**ADDRESS; (WHERE INCIDENT/INJURY/CONCERN OCCURRED)** _____

☐ Office ☐ Client Home ☐ Car Park

☐ Private Vehicle ☐ Company Vehicle ☐ Other _____

## 1. DETAILS OF PERSON SUBMITTING REPORT (IF NOT PERSON AFFECTED)

**Name:** _____ **Contact Number:** _____

**Title:** _____

## 2. TYPE OF INCIDENT (IF APPLICABLE)

| | | |
|---|---|---|
| ☐ Physical or verbal assault | ☐ Unlawful sexual contact / activity | ☐ Robbery or theft |
| ☐ Sudden or unexpected death | ☐ Serious injury | ☐ Self-harm or threatening self-harm |
| ☐ Natural disaster (fire, flood) | ☐ Medication error | ☐ Unauthorised Restrictive Practice |
| ☐ Illegal activity (e.g. drugs) | ☐ Neglect | ☐ Slips, trips and falls |
| ☐ Seizure/fit | ☐ Other: | |

## 3. DESCRIPTION OF INCIDENT/INJURY OR CONCERN

_____

_____

_____

_____

**What Date:** _____/_____/_____ and **Time:** _____**(am/pm) did the Incident/Injury Occur.**

**Did you report Incident/Injury or Concern verbally** ☐ Yes ☐ No

**Who did you report to:** _____ **Date:**_____/_____/_____

## 4. DESCRIPTION OF IMMEDIATE ACTION TAKEN AND WHY?

_____

_____

_____

_____

**HAS AN INJURY OCCURRED:** ☐ **YES – COMPLETE NEXT PAGE** ☐ **NO** ☐ **NEAR MISS**

## DETAILS OF INJURY

**Part of Body** (if applicable)

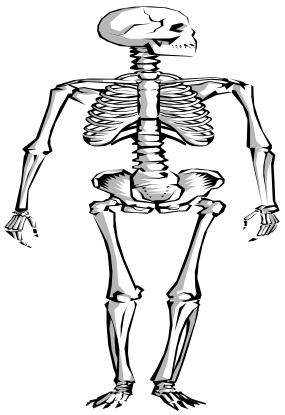
**Indicate the part of body that appears to be injured:**

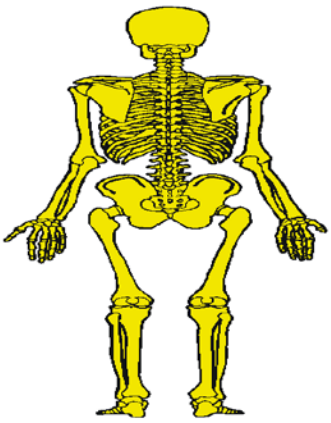
Please tick the appropriate box and mark with an arrow on body outline.

☐ Head ☐ Neck ☐ Face ☐ Eye ☐ Arm ☐ Wrist ☐ Hands ☐ Fingers ☐ Back

☐ Buttocks ☐ Trunk ☐ Leg ☐ Ankle ☐ Feet ☐ Toes

Other (give details) _____





**Possible Nature of injury: please tick appropriate box**

☐ Fracture ☐ **Di**slocation ☐ Sprain ☐ **Co**ncussion ☐ Bruising ☐ Bite

☐ **Bu**rn ☐ Scald ☐ **La**ceration ☐ **Su**perficial

Other (give details) _____

**Action Taken:** ☐ FIRST AID ☐ DOCTOR ☐ HOSPITAL ☐ **E**mergency Services

Description of Action Taken: _____

**Was time lost from work?** ☐ NO ☐ YES

### 5. DETAILS OF WITNESSES

Witness Name: _____Phone Number: _____

Witness Name: _____Phone Number: _____

### 6. REPORTING DETAILS

Was the Injury/Incident Reported to:

Police: ☐ Yes ☐ No Report Number: _____

Other Services? Fire Brigade: ☐ Yes ☐ No Ambulance: ☐ Yes ☐ No

Health Direct: ☐ Yes ☐ No

Name of Person completing Report; _____

Signature: _____ Date: _____/_____/_____