

Incident Report Form

Confidential Once Completed

● To whom did the incident happen:

First Name:

Surname:

● Incident Location and Time

Location/Address at which the incident occurred:

Date incident occurred:

Time incident occurred:

● Incident reported by:

Name:

Role:

Organisation:

Phone:

Email:

Address:

● Did you witness or were you involved in the incident? Please provide brief explanation of your role.

Witness

Involved

Other. In what capacity are you reporting the incident?

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THE INCIDENT

● Did one or more of the following occur?

Death

Abuse or neglect

Sexual misconduct committed against or in the presence of a person with a disability

Other. Please describe

Serious injury

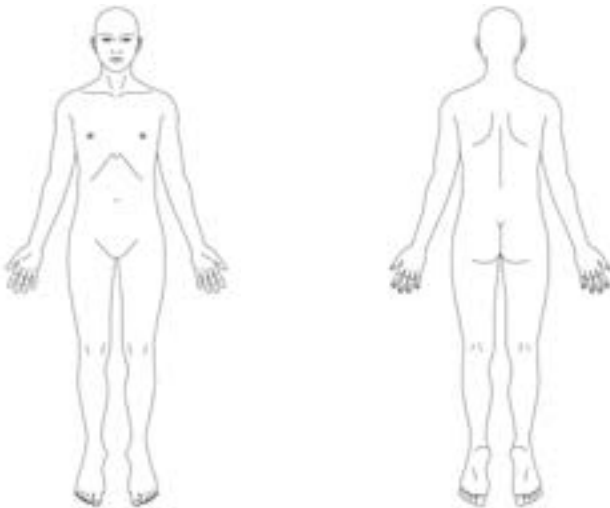
Unlawful sexual or physical contact with, or assault of a person with a disability

Use of restrictive practice (unless it has been authorised)

● Description of the incident.

Please give us as much detail of the incident as possible.

● If injuries occurred, please indicate where and provide a brief description:



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● Who else was involved or witness the incident?

PERSON 1

Name:

Role:

Organisation:

Phone:

Email:

Address:

● Were they involved or did they witness the incident?

Witnessed

Involved

Provide brief explanation of how witnessed or involved in the incident

PERSON 2

Name:

Role:

Organisation:

Phone:

Email:

Address:

● Were they involved or did they witness the incident?

Witnessed

Involved

Provide brief explanation of how witnessed or involved in the incident

What is your preferred contact method regarding this matter?

Phone

Email

Letter (mail)