**Date of report:**

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| --- |
| **Key information**  |
| Name of person reporting  |  |
| Designation of person reporting |  |
| Reporting agency  |  |
| Incident date  |  |
| Incident time |  |
| Participant name |  |

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| **INCIDENT CATEGORY** | **INCIDENT SUB-CATEGORY** |
| **Abuse / assault / neglect** | Emotional abuse | [ ]  | Physical assault | [ ]  |
| Family violence  | [ ]  | Financial abuse | [ ]  |
| Neglect | [ ]  | Sexual assault | [ ]  |
| **Behaviours of concern** | Physical aggression  | [ ]  | Sexualised behaviours | [ ]  |
| Verbal aggression | [ ]  | Agitation | [ ]  |
| **COVID-19** | [ ]  |
| **Fall** | Fall | [ ]  | Fall (equipment failure) | [ ]  |
| **Medical incident** | Death  | [ ]  | Injury  | [ ]  |
| Illness  | [ ]   | Medication error  | [ ]  |
| **Missing / uncontactable** | [ ]   |
| **Provider concern** | Conduct concern  | [ ]  | Quality of care concern  | [ ]  |
| Missed treatment, care and support | [ ]  |  |
| **Risk-taking behaviour** | Overdose  | [ ]  | Self-harm | [ ]  |
| Drug or alcohol misuse | [ ]  |  |
| **Suicidal ideation**  | [ ]  |
| **Vehicle accident** | Participant operating vehicle  | [ ]  | Participant pedestrian  | [ ]  |
| Participant passenger  | [ ]  |  |
| **Other** | [ ]  | Please provide further details below |

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| **DETAILS OF INCIDENT (PLEASE INCLUDE ANY RELEVANT BACKGROUND INFORMATION)**  |
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| **IMMEDIATE ACTIONS TAKEN TO MAKE SITUATION SAFE** |
| **Who took the actions?** |  |
| **What actions were taken?** |  |

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| **INJURY DETAILS (WHERE APPLICABLE)** |
| **Injury sustained?** | YES [ ]  | NO [ ]  | **First aid required?** | YES [ ]  | NO [ ]  |
| **Details of injury:** | **Who required first aid?:** |
| **Other treatment required?**  | YES [ ] Is yes, provide information under details of incident  | NO [ ]  | **Treatment type** | Doctor [ ]  |
| Ambulance [ ]  |
| Hospital admission [ ]  |
| Other (please provide further information under details of incident below) [ ]  |

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| **RESTRICTIVE PRACTICES**  |
| **Were restrictive practices used in relation to the incident?** YES [ ]  NO [ ]  | **Provide details of restrictive practices used (where applicable)** |

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| **EXTERNAL REPORTS**  |
| **Was the incident reported to an external body?**YES ☐NO ☐ | **Who made the report?**Name:Designation: | **Date of report:**  |
| **Which external body was contacted?** Ambulance [ ] Fire Service [ ] Police [ ]  Child Abuse Report Line (CARL) or other state and territory equivalent [ ] Adult Safeguarding Unit (SA only) [ ] Aged Care Quality & Safety Commission [ ] Health & Community Services Complaints Commissioner (SA only) [ ] NDIS Quality & Safeguards Commission [ ]  Other (please provide details) [ ]   |
| **Reference number** (please provide if known)**:** |