**Date of report:**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)** |
|  |

|  |  |
| --- | --- |
| **IMMEDIATE ACTIONS TAKEN TO MAKE SITUATION SAFE** | |
| **Who took the actions?** |  |
| **What actions were taken?** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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) | | |

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

|  |  |  |
| --- | --- | --- |
| **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)**:** | | |