

Serious Incident Report

Organisation Details

Organisation _____

Contact Person _____ Contact Person's Position _____

Contact Person's Phone Number _____

Consumer Information

- Details of the consumer affected by this incident.

Last Name _____ First Name _____

Gender _____ Date of Birth _____

Address _____

Is the consumer subject to any legal orders? No Yes – Specify ▶ _____

Incident Details

- Details of when and where this incident occurred.

Location of Incident _____

Incident Date _____ Incident Time _____

Reported By _____ Position _____

Witnessed By _____ Position _____

Notifications

- Who has been notified about this incident?

Name / Relationship _____ Time and Date _____

Name / Relationship _____ Time and Date _____

Name / Relationship _____ Time and Date _____

Incident Type

- Please indicate the nature of the incident that occurred.

Specific Incident Details

- Please provide a clear, factual summary, including any contributing factors to the incident.

Actions Taken

- What actions were taken immediately following the incident?

Further Planned Actions

- What actions will be taken next?

Name of Person Completing this Form _____

Signature _____

Position _____

Date _____

This report is to be completed in line with the *Consumer Related Serious Incident Reporting Policy for Tasmania's DHHS Funded Community Sector* and forwarded within 2 working days of the incident occurring to Community Care Reform – haccreform@dhhs.tas.gov.au

Please affix any additional information to this form