|  |  |
| --- | --- |
| Is it a reportable incident?  | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Name of employee providing report |  |
| Names of witnesses if applicable |  |
| This report is about a (please circle): | **[ ]** Hazard [ ]  Near-miss Incident [ ]  Concern/Change |
| Date and time of when the issue occurred or was noticed: |  |
| Location/ Address: |  |
| Name of Client:  |  |

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| --- |
| Description of the issue being reported: (sketch if required) |
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| --- |
|  Immediate action taken: (if taken) |
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| Suggested further action: (include suggestions for reducing or eliminating the issue & timelines) |
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| --- | --- | --- | --- |
| Reported to: (Name of Manager/Coordinator) |  | Date: |  |
| **Signed by: (Name of Employee)** |  | **Date:** |  |

\*Note: Forward Incident Report Form Immediately to Unit Manager/Coordinator

# Incident Investigation

|  |  |
| --- | --- |
| Date received at head office: |  |
| Please circle: | **[ ]** Hazard [ ]  Near-miss [ ]  Incident [ ]  Concern/Change |
| Name of employee: |  |
| Name of client: |  |

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| Short-Term Responses |
| Action/resolution of the issue and feedback to the worker is required immediately if urgent, within 2 days if the situation requires a prompt response, and within 5 days for others.Indicate action taken by the Unit Manager/Coordinator: (include discussion & feedback with the employee, client/carer) to resolve the issue or provide an interim resolution. |
| Signed by: |  | Date: |  |

|  |
| --- |
| Response Timeframe |
| **[ ]** Immediate | **Urgent** | Date: |
| **[ ]** Within 2 days | **Prompt response required** | Date: |
| **[ ]** Within 5 days | **Other matters** | Date: |

|  |
| --- |
| Long-Term Responses |
| If further action is required, outline this and include timelines for review/resolution: |
|  |

|  |  |
| --- | --- |
| [ ]  Reassessment required (If yes, completed and filed with this report) | [ ]  Issue, action/outcome entered in client file |
| **[ ]** Issue reduced | **[ ]** The incident recorded in the Incidents Register |
| **[ ]** Issue resolved/eliminated | **[ ]** The incident recorded in the Violent Incidents Register |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Manager/ Coordinator: |  | Signature: |  | Date: |  |
| Reported to the Health and Safety Committee: |  |