



Incident Report

This document forms part Spectrum's incident management framework and is to be completed as a record of:

All accidents, incidents, near misses, unmanaged risks or issues of concern

The document is to be completed by all service representatives in response to:

- Any incident occurring within the scope of business operations – whether they are directly involved or witness to relevant events.
- Observations of concern that arise in their course of their work; or
- Receiving a verbal report from a service user, other stakeholders or external third-parties.

Representative reporting processes are a condition of employment.

The document may also be completed by an external third-party witness or service user as a record of their own observations of an incident. In such circumstances, where a third party is involved or observes an incident, they may seek support from Spectrum Central Management to complete this form. Third-party reporting processes are voluntary.

Please observe the following guidelines in the completion of this form:

- Complete this form as soon as reasonably possible following the incident to ensure the details are fresh in your mind.
- Lodge the form to the appropriate service unit manager within 24hrs or next business day unless otherwise instructed.
- Complete this form independently, without coercion of influence from any other party.
- Record only direct observations and actions in the main body of the form. Completion of these domains is compulsory as they constitute a description of the incident.
- There is designated space for interpretations and recommendations in the identified sections. These sections are voluntary but your perspective on the incident is appreciated.
- If you require additional space, please attach any additional pages to your submission.
- If you require assistance to complete this form, please seek out a Central Management representative, who was not themselves an involved party. An appropriate Central Management representative can be contacted on Ph: 3881 3310.

While the information contained in a completed report is confidential, completed incident reports may be provided to effected parties or in the course of compliant regulatory reporting. The Service Manager is charged with the appropriate management, dissemination and retention of completed reports.

You may be contacted by the service unit manager or a representative in the course of an incident investigation.

As part of the effective management of incidents within the organisation, stakeholders lodging a report or otherwise directly impacted by or involved in an incident, are entitled to be informed in relation to recommendations that may arise as part of this review process.



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LODGING PARTY

I am a(n):

Employee Service User Other Stakeholder External Party

Given Name:

Surname:

Address:

Phone: (H)

(M)

LODGMET DETAILS

Date form was completed:

Date of lodgment:

Representative this form was submitted to:

Method of lodgment:

Have you previously made a verbal report of this incident/issue? Yes No

If yes, who did you report this to, when and how?

INCIDENT DETAILS

Date of Incident:

Time of Incident:

AM / PM

Location of Incident: (name)

Address of Location:

Notes on location (any key information)

Describe the activity being undertaken at the time of the incident:

Please provide the names and contact details of parties present that you can identify. This includes people directly involved in the incident, or those who may have witnessed events immediately before, during or after.



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What happened? Please provide a description of the events immediately before and during the event.

Provide any additional information you deem to be relevant (OPTIONAL)

INJURY/ILLNESS DETAILS

Was anyone injured/unwell? Yes No **(if no, proceed to Responsive Action)**

Details of injured party:

Given Name:

Surname:

Address:

Phone:

Mobile:

Is the injured party a(n):

Employee

Service User

Other Stakeholder

External Party

Provide a description of the injury/illness:



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Injury Management (please tick all that apply):

- Nil First Aid Doctor Emergency Services called Hospital

Provide a description of the actions taken or observed by you to manage the injury/illness?

RESPONSIVE ACTION

Provide a description of any immediate actions taken or observed by you to (or intended to) manage the situation, avoid further risk or escalation of the incident:

Do you have any suggestions for remedial action (OPTIONAL):

DECLARATION

The details provided here are a factual representation of the referenced incident, to the best of my recollection.

I understand that:

- I may be contacted by an appropriate representative of the organisation to provide clarification or further information.
- This submission will remain confidential with the exception that:
 - It may be provided to other parties where such a request is deemed reasonable by service management;
 - It may be provided to other external parties where the organisation has an obligation to do so;
 - It may be escalated internally as part of the incident management and review process
- I may request information from the recipient of this form in relation to any remedial actions or processes implemented in response to this report.

Signed:

Date:



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OFFICE USE ONLY

RECEIPT

Date Received:

Time Received:

AM / PM

Representative this form was submitted to:

Position:

Signature:

Reporting Requirement:

Service Unit Centralised External

INVESTIGATION/MANAGEMENT DELEGATION

Representative to whom this process was delegated:

Date Received:

Time Received:

AM / PM

Position:

Signature: