

**Incident Form**

 **Office:** [ ] **Whangarei |** [ ] **Mid/Far North**

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| Reporters Name: | Click here to enter text. | Phone Number: | Click here to enter text. |
| Address: | Click here to enter text. | Area: | Click here to enter text. |
| Date of Event: | Click here to enter a date. | Time of Event: | Click here to enter text. |
| Do you require information on how to access an independent advocate? | Yes: [ ]  |  No: [ ]  |
| Who filled out this form? Tick designation below:- | Name: Click here to enter text. | Date: Click here to enter text. |
| [ ]  | Staff | [ ]  | Client | [ ]  | Family | [ ]  | Friend | [ ]  | Advocate | [ ]  | Other |
| **Does the event involve (please tick appropriate category):** |
| [ ]  | Client Name: Click here to enter text. | Phone: Click here to enter text. | Funder: Click here to enter text. |
| Address: Click here to enter text. | Area: Click here to enter text. |
| [ ]  | Support Worker Name: Click here to enter text. | Phone: Click here to enter text. |
| Address: Click here to enter text. | Area: Click here to enter text. |
| [ ]  | Office Staff Name: Click here to enter text. | Office: Click here to enter text. |
| Office: Click here to enter text. |
| **Please tick what the form relates to – to be returned to the Co-ordinator.** |
| [ ]  | Notifiable Event | A notifiable event is any of the following serious events that arise from work: |
| [ ]  | A death | [ ]  | Serious Illness | [ ]  | Serious injury | [ ]  | Notifiable Incident |
| [ ]  | Injury | Unplanned event that results in  | [ ]  | Client Injury |
| [ ]  | Support Worker Injury |
| [ ]  | Staff Injury |
| Did the incident result in medical attention / ambulance? (**Office must be notified within 24 hours**) Yes: [ ]  No: [ ]  |
| Is the Injury related to a previous accident / injury – please give details:Click here to enter text. |
| [ ]  | Incident | Involvement of Support Worker or Client in an occurrence that results in physical or emotional damage impacting on provisions of Home Support Services |
| [ ]  | **Complaint** | *Formal verbal or written communication to any member of the Home Support North team that expresses dissatisfaction with any facet of the Service provision or administration* |
| [ ]  | DamageLossTheft | Damage to loss of or Theft of property  | [ ]  | Client Property |
| [ ]  | [ ]  | Support Worker Property |
| [ ]  | [ ]  | Service Property |
|  | **Near Miss** | *Event that could have resulted in injury.* |
| **Please describe below what happened and where.***Including people involved, people notified, unusual circumstances, contributing factors or hazards* |
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