

**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* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Damage  Loss  Theft | | | | 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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