Incident and Complaint Report Form - SAMPLE

**This form is be:**

* Completed as soon as practicable after the incident, feedback or complaint
* If it is a participant incident it should also be noted in progress notes & a copy of the incident report added to their participant file

**NB** If the 'incident' is a complaint this should NOT be recorded in the Participant file

**Tick/shade in as many as applicable**

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|  | Proactive risk reduction *identification of something that could potentially lead to an incident or accident* |  | **Incident** e*vent or situation that did not result in harm to an individual* |
|  | **Complaint** | X | **Accident** *event or situation that resulted in harm or injury to an individual or breakage of equipment* |

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| **Regarding** | | | |
| X | Participant |  | Staff |
| X | Organisation / Business |  | Other |

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| **Details of Issue** | | | |
| **Date** | 08/01/2020 | **Time** | 4.20pm |
|  |  | | |
| **Participant Name** (if relevant)  **People Present** | Master John X  Sue – Mother  David – Younger brother  Kate - OT | | |
| **Location** | XXX Paediatric gym | | |
| **Description of event** **and any injuries** | | | |
| John was walking on the balance beam as part of his planned intervention. He became distracted by his younger brother, miss-stepped and tripped over falling to the ground.  John got up immediately to go to his mother, he was crying and had a bleeding lip. | | | |
| **Is this a Reportable Incident?** (refer to Appendix A *Incident Management Policy*)  No.  If "Yes" follow steps in the *Incident Management Policy* for the particular situation / funding body requirements. (NDIS requirements are spelt out in Appendix B.) | | | |

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| **Immediate action taken** (to avoid recurrence of event or to manage people involved) | | |
| **Date** | **Action Taken** | **By Who** |
| 08/01/2020 | First aid – ice applied to lip by mother  Quiet activity undertaken to settle John  Mother counselled – she said she was OK  Therapist advised manager of incident | Mother  Kate  Kate  Kate |
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| **Follow-up / Further Action / Outcome**  **Note:** A full investigation may be required using the *Incident Investigation* form eg if a Reportable Incident or could lead to litigation. Refer to the *Incident Management Policy* | | |
| **Date** | **Action** | **Outcome** |
| 08/01/2020 | Added to Incidents and Complaints Register |  |
| 09/01/2020 | Ph call to mother to see how John was.  Discussed modifying treatment setting with younger brother to sit on mother’s lap.  Update “Risk’ section of Therapy Plan to reflect risk of distraction by younger brother leading to injury – Plan for younger brother to sit on mother’s lap during treatment session. | Mother reported all was fine. No swelling or bruising  present. John eating with no problem.  Mother happy to keep younger son on her lap during treatment session |
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| **Date Finalised** | 09/01/2020 | **Name/Signature** | Kate |