|  |  |
| --- | --- |
| **Primary Contact Person (person completing form)** | |
| **First name:** |  |
| **Surname:** |  |
| **Position:** |  |
| **Contact number:** |  |
| **Email address:** |  |
| **Preferred method of contact:** |  |
|  | |
| **Incident Details:** | |
| **Incident location:** |  |
| **Time of day:** |  |
| **Describe the incident:** | |
|  | |
| **What were the circumstances leading up the incident?** | |
|  | |
|  | |
| **Impacted person** | |
| **First name:** |  |
| **Surname:** |  |
| **Gender:** |  |
| **Age:** |  |
| **Primary disability:** |  |
| **Other disability:** |  |
| **Does the person have any behaviours of concern?** |  |
| **How does the person communicate?** |  |
| **Contact number(If known)** |  |
| **Email (If known)** |  |
|  | |
| **Immediate Action Taken** | |
| **Have the police been informed of the incident?** |  |
| **If yes, please complete:** |  |
| **Officers name** |  |
| **Police station** |  |
| **Are the impacted person’s family or guardian aware of the incident?** |  |
| **If not, why haven’t they been contacted?** |  |
| **Describe any immediate support that has been offered/provided to the person with disability impacted by the incident (for example, medical treatment, counselling, access to advocacy, removed source of harm)** | |
|  | |
|  | |
| **Risk assessment** | |
| **Have you undertaken a risk assessment in response to this incident?** |  |
| **If yes, please detail risk assessment** | |
|  | |
| **If no risk assessment has been undertaken, what is the reason for not undertaking a risk assessment?** | |
|  | |
|  | |
| **Reporting of incident** | |
| **This report was provided to:** |  |
| **Date:** |  |