|  |
| --- |
| **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:**  |  |