

NDIS Incident Report Form (Internal)

This form is for either:

- the initial reporting of an incident or allegation that may then require completion of the reportable incident notification form approved by the NDIS Quality and Safeguards Commissioner for the purposes of sections 20 and 21 of the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.
- or reporting an incident or allegation or disclosure that is not deemed reportable but still needs to be recorded, investigated and acted upon.

Part A:

Name of the Client affected by the incident			
Title:	Surname:	Given Name(s):	
Address:		Phone:	
Date of Birth		Email	
Next of Kin:	Surname:	Given Name:	
Incident (select applicable)			
Acts, omissions, events occurring in relation to providing supports		Have or could have caused harm	
Acts by person with a disability		Have caused serious harm or risk of harm to another person	
Incident Details			
Date of, or disclosure of, event:		Time:	
Location			

Describe the incident

Provide details of what happened, include tasks/ equipment/ tools/ people involved, operational issues. Include the impact on or harm caused to any person with disability affected by the incident, including actions to support or assist persons including independent advocates, to ensure their health, safety and wellbeing.

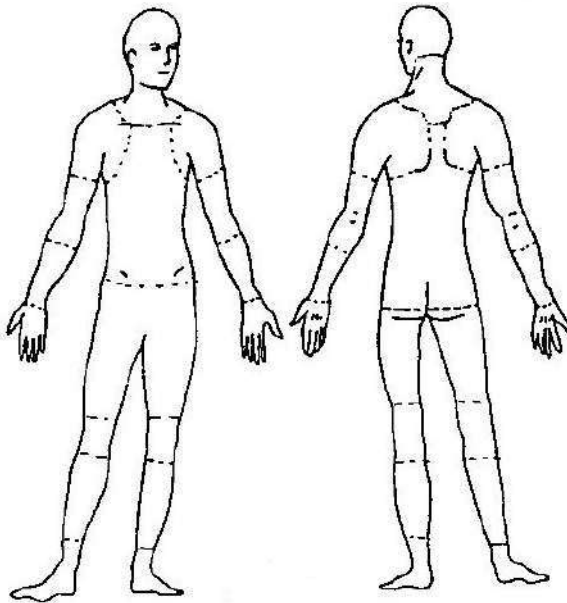
Injury – Nature of Injury

Contusion/crush	Burn	Dislocation	Amputation
Laceration/ open wound	Superficial injury	Foreign body	Internal Injury
Concussion	Sprain/ stain	Fracture	Dermatitis

Location of Injury

Head/ face	Eye	Internal organs
Hand/fingers	Shoulder/ arms	Trunk (other than back)
Hip/ leg	Foot/ toes	Back

Other:



Shade on the diagram the location of the injury.

Was client transferred to a doctor/hospital? Yes No
(If yes, give details):

Immediate actions taken to make situation safe:	
Witness (for Notifiable incident attach signed witness statement or letters of complaint)	
Witness Name:	Witness Phone:
Email:	
Reportable incident to NDIS https://www.ndiscommission.gov.au/document/661	
If yes, Date of contact: -	

Part B:

INVESTIGATION - to be completed by Operations Manager and/ or delegate: Always ensure the person/s affected by the incident are considered during the investigation		
Outcome of Investigation:		
Action/s to be taken to prevent further similar incidents from reoccurring or minimise their impact:		
Action	Responsibility	Completion Date

Investigation Completed by:	
Name:	Signature:
Feedback to Reporter	Date
Incident Discussed at Team Meeting	Date
Chief Executive Officer Signature:	
Comments:	
<p><i>Could the incident have been prevented?</i></p> <p><i>How well was the incident managed and resolved?</i></p> <p><i>Any additional remedial action to be undertaken?</i></p> <p><i>Counselling provided for all parties as required.</i></p>	
Completed form recorded in Incident Register	