

**INCIDENT / ACCIDENT REPORT**

**Section A – The Details**

Date (of report):	Prepared by:
<b>Date of Incident:</b>	
Person (s) involved:	

Type of Incident	
<input type="checkbox"/> Injury	<input type="checkbox"/> Behaviour
<input type="checkbox"/> Disclosure	<input type="checkbox"/> Property damage
<input type="checkbox"/> Environment / safety	<input type="checkbox"/> Other (please specify)

*NB: If disclosure of abuse – please also complete the Anecdotal Record form (SCS0005(2))*

**Section B – The Incident**

Details of the Incident

<b>Action Taken</b>

<b>Outcomes (if known)</b>

**Section C – Follow up / Analysis**

Follow up comments:	The type of incident is: <input type="checkbox"/> on-going <input type="checkbox"/> one off
	Have appropriate steps been taken to resolve the issue? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>If the issue is ongoing, or not dealt with completely, what needs to be done?</b>

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Please hand this form to your Ministry Team Leader.