



# Incident Report Form

The completed form should be submitted to [eo@ihnsw.com.au](mailto:eo@ihnsw.com.au).

For incidents involving children, please submit the following report [here](#)

| This form must be used to record details of an Incident or Allegation |  |                              |   |
|---|--|------------------------------|---|
| Reporter name   |  |                              |   |
| Date of Incident  |  | Site where incident occurred |   |
| Time of Incident  |  |                              |   |
| Type of Incident (tick all that apply):                               |  |                              |   |
| <input type="checkbox"/>  | Suspicion or allegation of abuse or neglect of client            | <input type="checkbox"/>     | Serious breach of client confidentiality                        |
| <input type="checkbox"/>  | Suspicion of potential harm to a client                          | <input type="checkbox"/>     | Serious breach of duty of care                                  |
| <input type="checkbox"/>  | Potential abuse by or criminal matters involving an employee     | <input type="checkbox"/>     | A complaint   |
| <input type="checkbox"/>  | An episode of severe challenging behaviour                       | <input type="checkbox"/>     | A complaint involving legal proceedings                         |
| <input type="checkbox"/>  | Potential harm to an employee resulting from harassment/bullying | <input type="checkbox"/>     | A serious incident as defined in the Incident Management policy |

| Details of other persons involved                                 |  |
|---|--|
| Alleged offender(s) details                                       |  |
| Name – if known.  |  |
| Any other relevant factors  |  |
| Were there any other witnesses to the incident? Yes / No (circle) |  |
| If yes, please provide their details below:                       |  |
| Full Name   |  |
| Involvement as witness  |  |
| Contact phone number  |  |
| Full Name   |  |
| Involvement as witness  |  |
| Contact phone number  |  |
| Full Name   |  |
| Involvement as witness  |  |
| Contact phone number  |  |



## Incident Report Form

### Details of incident

(Please describe the incident including alleged perpetrator/s behaviour, sighted injury or other indicators of abuse, conversations with the client)

### Action undertaken (if any):

|  |  |
|--|--|
| To ensure the safety of client:                              |  |
| To address the support needs of the client and their family: |  |
| To address the support needs of the alleged perpetrator:     |  |
| To address the support needs of other personnel involved:    |  |

### Incident response

Please circle who of the following have been informed of this incident:

|            |  |
|------------|--|
| Externally | Police ♦ Ambulance ♦ Doctor ♦ Other (please specify) ♦<br>-----          |
| Internally | Manager (please specify):<br>Please note that a Manager must be informed |



## Incident Report Form

| Police                  |  |                  |  |
|-------------------------|--|------------------|--|
| Date                    |  | Time             |  |
| Name of person notified |  | Position         |  |
| Department/ region      |  | Contact Detail/s |  |
| Advice provided:        |  |                  |  |
|                         |  |                  |  |

| Next of Kin   |   |
|---|---|
| Have they been informed of the incident: Yes No (circle)                                    |   |
| (If appropriate) have they been informed of the authorities being notified: Yes No (circle) |   |
| If yes, please provide relevant details of conversations:                                   | E.g. (information provided, reactions, concerns and admissions) |
|   |   |
| If no, please explain why   |   |
|   |   |

| Please provide details of which manager/s or other personnel have been informed of the incident |  |
|---|--|
| Full name:  |  |
| Position / title:   |  |
| Date and time informed:   |  |
| Full name:  |  |
| Position / title:   |  |
| Date and time informed:   |  |



## Incident Report Form

### Additional comments

### Acknowledgement of form completion

I have completed this form to the best of my knowledge and ability

|        |  |          |  |
|--------|--|----------|--|
| Name   |  | Position |  |
| Signed |  | Date     |  |

### Ice Hockey NSW Representative

I have checked that all sections of this form are complete

|        |  |          |  |
|--------|--|----------|--|
| Name   |  | Position |  |
| Signed |  | Date     |  |

Privacy Disclaimer: Ice Hockey NSW acknowledges and respects the privacy of all its staff, volunteers, contractors and patrons. The information being collected is for the purposes of obtaining details of and assessing the incident in question. Information disclosed on this form may be passed on to the appropriate authorities, as required. By signing this form, you have consented to this information being collected, used and disclosed for the purposes it intended. You have the right to access and alter personal information concerning yourself in accordance with the Commonwealth Privacy Act (amended 2001) and Ice Hockey NSW Privacy Policy.