

CJP ACCIDENT/INCIDENT REPORT

PART 1: PERSONAL DETAILS OF THE SUBJECT OF THE INCIDENT

Name:

DOB:.....

Address:

Contact Phone Number:

PART 2: DETAILS OF INCIDENT

Date of incident:..... **Time:**.....

Where did the incident take place (exact location in clients home or community):.....

Brief summary of incident:

.....
.....

What happened immediately prior to the incident?

.....
.....

What happened during the incident?

.....
.....

What was the outcome of the incident?

.....
.....

If appropriate, what additional events or circumstances over the preceding days/ weeks may have also contributed to the incident taking place?

.....
.....

PART 3: PERSONS INVOLVED

Other person/s involved in incident:

Name:

Address:

Contact Phone Number:

Witness to Incident:

Name:

Address:

Contact Phone Number:

First Aid administered by

Name:

Address:

Contact Phone Number:

PART 4: INJURY DETAILS

Was the subject of the incident injured? YES / NO

If YES, state the location on the body, and nature of injury.....
.....
.....

Part 5: FIRST AID DETAILS

Was First Aid administered? YES / NO

If YES, describe First Aid administered

Follow up to First Aid (doctor, hospital, etc)

Part 6: REPORTING

The following reporting procedures must be followed:

Copy of Incident Report within 24hrs to:

Co-ordinator, Global Tailored Support Packages, and
Team Leader, CJP Specialist Casework Team

For Critical Incidents, also make immediate Telephone Notification to Co-ordinator, Global Tailored Support Packages.

If unable to contact Co-ordinator, please advise Global OnCall, 1800 009292

Incident Reported to:

1. Name:.....
Position / Organisation:Date/ time reported:
Contact Phone Number:

2. Name:.....
Position / Organisation:Date/ time reported:
Contact Phone Number:

Reported by:

Name:.....
Position / Organisation:
Contact Phone Number:

Signed:..... Date:.....