Global
Disability & Health Care Services

Suite 5, Level 3, Strathfield Plaza,
11 The Boulevarde, Strathfield, NSW 2135
Tel : 02 9764 1601 Fax : 02 9764 1610
ABN: 36 101 976 934 ACN: 109 354 850
employment@globaladvantage.org www.globaladvantage.org

ACCIDENT/INCIDENT REPORT

PART 1: PERSONAL DETAILS

Last Name:…….

First Name: ……

DOB:……..

Address: ……

Position:…….....

PART 2: DETAILS OF INCIDENT

Date of incident:……. **Time:**……

Where did the incident take place (eg. name of group home):……

Exact location of incident (eg. unit, ward):……..

Description on incident (including injuries sustained and immediate action taken):

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PART 3: MEDICAL REPORT

Was a medical officer seen? YES / NO

If YES, state investigations and treatment ordered: ……

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(Please provide medical transcripts whenever possible)

Part 4: WITNESS

Name: …… **Number:**…….

PART 5: REPORTING THE INCIDENT

Was the incident reported? YES / NO

To Whom:…… **Date:**…… **Time**:……

SIGNED:…… **DATE:**…….

PRINT NAME:…….