Incident Report Form

Name of person reporting incident: Jane Smith

Name of person/s involved with the incident: Jane Smith

Time: 11am Date: 01/01/21 Place of incident: Physio by Design

What is the incident? include the impact on, or harm caused to, any person with or without disability affected by the incident;

Example Incident

Jane Smith tripped on the mat on entry to Physio by Design and fell, landing on her wrist

Has any short-term measure been taken to resolve the incident? – describe: (include action taken to support or assist persons with disability affected by the incident):

Example Incident

The mat has been removed

What further action is required?

Example Incident

Jane will have scans to check if anything is broken and advise Physio by Design

Signed: _____ Date: 01/01/21

Name: Jane Smith Contact details: 0411 111 111

Signed: _____ Date: 01/01/21

Witness: John Wagner Contact details: 0411 111 112

Signed: _____ Date: __/__/__

Witness: _____ Contact details: _____

EXAMPLE