



Incident Report Form

Complete this form to report incidents involving and/or impacting upon clients in services delivered by The Salvation Army. Incidents are categorised according to actual/alleged impact on clients.

If more space is required for any section, please attach an additional clearly labelled page/s.

PART 1: INCIDENT DETAILS			
Date of Incident	21/09/2019	<input type="checkbox"/> Tick if originally reported as complaint Complaint reference no if available: TSA-CX- <input type="text" value="Click or tap here to enter reference no"/>	
Client involvement type	<div><input type="checkbox"/> Client to TSA Personnel <input type="checkbox"/> Client to Client <input type="checkbox"/> Client only <input type="checkbox"/> Client to Community member</div> <div><input type="checkbox"/> Client to Officer <input type="checkbox"/> Officer to Client <input type="checkbox"/> Community member to client <input type="checkbox"/> TSA personnel to client <input type="checkbox"/> Other</div>		
Mission Expression/Stream	<input type="text" value="Click or tap here to enter text."/>		
Incident Group	<div><input type="checkbox"/> Client/Participant Behaviour <input type="checkbox"/> Missing Persons <input type="checkbox"/> Death <input type="checkbox"/> Personal information <input type="checkbox"/> External and environmental</div> <div><input type="checkbox"/> Property damage / unauthorised access <input type="checkbox"/> Transnational crime <input type="checkbox"/> TSA Personnel Conduct <input type="checkbox"/> Failure to Report/Remove Risk</div> <div><input type="checkbox"/> Illness/Outbreak <input type="checkbox"/> Injury <input type="checkbox"/> Service Delivery <input type="checkbox"/> Family & Domestic Violence, Abuse</div>		
Incident Type (please specify) <i>Refer to the incident types on Incident Categorisation Table</i>	<input type="text"/>		
Incident Category	<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3		
Did the incident result in	<input type="checkbox"/> Has this incident resulted in a breach of cultural safety? <input type="checkbox"/> Did alleged or actual abuse of or harm to a child occur as a result of something a member of TSA Personnel did or failed to do?		

PART 2: TSA Site/Service
Enter the physical location of where the incident occurred or the service type/program that was provided at the time of the incident or incident disclosure. Site or Service the incident relates to: <input type="text"/>
<input type="checkbox"/> Incident occurred off-site (non-TSA location) Provide additional information: <input type="text"/>

PART 3: Description of the Incident or Allegation	
Description of the Incident	Brief, factual account of the incident, include details on (where relevant): Location and setting; how, where and when it occurred; who did what; who was involved or alleged to be involved; who (if anyone) was injured; what treatment was given such as first aid, doctor etc. (if applicable); impacts to client who was involved; and/or risk of future impact to clients, immediate action taken.
	<input type="text"/>

PART 4: Additional Details of the Incident			
Date of this occurrence	Click or tap to enter a date	Approximate time of occurrence	Click or tap here to enter time
If TSA was notified of the occurrence different to the date on which the occurrence is being recorded (today):			
Date TSA was notified: Click or tap to enter a date		Approx. time TSA was notified: Click or tap here to enter time:	
Record any additional information specific to this occurrence:			
Emergency Services Called	<input type="checkbox"/> Police – Alleged or Actual Crime Report <input type="checkbox"/> Police – Welfare Check or Report Risk to Safety of any person <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Child protection service notified <input type="checkbox"/> Crisis Assessment Team (including mental health)		
Additional details of police report, Child Protection Service			
Please tick if anyone involved in the incident requires:			
<input type="checkbox"/> Hospitalisation (Emergency Department or Inpatient) <input type="checkbox"/> Medical attention (outside of hospitalisation e.g. G.P., health centre, by attending ambulance)			

PART 5: Details of the person/people involved in the incident (if known)

5a. Alleged Person Details						
Full Name	TSA/Client/ Others (circle one only)	Phone	Email	Which episode involved in	Address	Estimated Age
	TSA C OTH					

5b. Affected Person Details						
Full Name	TSA/Client/ Others (circle one only)	Phone	Email	Which episode involved in	Address	Estimated Age
	TSA C OTH					

5c. Other Person Details						
Full Name	TSA/Client/ Others (circle one only)	Phone	Email	Which episode involved in	Address	Estimated Age

PART 6: Recorder of Incident			
Name	Position title	Email	Phone/Mobile

Recorder of Incident signature & date:

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PART 7: Incident Owner

Full Name	Position Title	Mission Expression/Stream	Email	Phone/Mobile

Is this a serious incident where TSA personnel is the alleged person and/or owner conflict of interest? ☐ Yes ☐ No