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	☐ *Tick if originally reported as complaint* Complaint reference no if available: TSA-CX-Click or tap here to enter reference no
Client involvement type	☐ Client to TSA Personnel ☐ Client to Client ☐ Client only ☐ Client to Community member	☐ Client to Officer ☐ Officer to Client ☐ Community member to client ☐ TSA personnel to client ☐ Other
Mission Expression/Stream	Click or tap here to enter text.	
Incident Group	☐ Client/Participant Behaviour ☐ Missing Persons ☐ Death ☐ Personal information ☐ External and environmental	☐ Property damage / unauthorised access ☐ Transnational crime ☐ TSA Personnel Conduct ☐ Failure to Report/Remove Risk	☐ Illness/Outbreak ☐ Injury ☐ Service Delivery ☐ Family & Domestic Violence, Abuse
Incident Type (please specify) *Refer to the incident types on Incident Categorisation Table*		
Incident Category	☐ Category 1	☐ Category 2	☐ Category 3
Did the incident result in	☐ Has this incident resulted in a breach of cultural safety? ☐ 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:
☐ Incident occurred off-site (non-TSA location) *Provide additional information:*

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.*

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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	☐ Police – Alleged or Actual Crime Report ☐ Police – Welfare Check or Report Risk to Safety of any person ☐ Ambulance ☐ Fire ☐ Child protection service notified ☐ Crisis Assessment Team (including mental health)		
Additional details of police report, Child Protection Service			
Please tick if anyone involved in the incident requires: ☐ Hospitalisation (Emergency Department or Inpatient) ☐ 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:

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

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