



Incident Report

To be completed within **12 hours of the incident/accident** occurring by witnesses or people involved in the incident.

Incident details

☐ Participant – add valid NDIS number:

☐ Staff member

☐ Other (state whom):

Date of incident		
Time of incident		
Injured person's name		
Incident location		
Name of person reporting the incident		
Contact details	Phone	
	Email	
Date of report		

Witness details

Name of witness	
Phone	
Email	
Witness' description of the incident	



Description of the Incident (participant/staff)

Identify who provided information (for future investigation)

Description of injuries or impact on person (if applicable)

Actions taken by our organisation (e.g. first aid, ambulance called, support to person)



Office use only:

Report received by:	
Date:	
Action required:	<input type="checkbox"/> Investigation <input type="checkbox"/> Continuous improvement review
Reportable incident	<input type="checkbox"/> Yes <input type="checkbox"/> No Date advised:
NDIS Commission advised	<input type="checkbox"/> No <input type="checkbox"/> Yes – date advised: / / Report type: <input type="checkbox"/> 5-day report <input type="checkbox"/> 24-hour report
Report escalated to:	
Date report escalated	
Other information:	