

Incident Report

Name: _____

Date of incident: ____ / ____ / ____ Time of incident: _____

Location of incident: _____

Type of incident (tick all that apply):

Accident

Injury

Complaint made by student, volunteer, tutor, staff

Examples of complaints that should be recorded include complaints relating to the contract of employment, such as not being paid for services, and more serious complaints, such as allegations of physical abuse, harassment or bullying

Event or circumstances involving a breach of the Code of Conduct

Description of the incident: (please provide details below of the incident listed in chronological order, include names and roles of people involved and witness where possible)

Recommended action to mitigate this incident or future occurrence:

Report completed by:

(print name)

(signature)

Date: ____ / ____ / ____

Name of Tutor/Level Head:

(print name)

(signature)

Date: ____ / ____ / ____

Follow up action (what steps have been taken so far to address the incident?):

Has the incident been resolved? (at the time of completing this register):

Yes

No

Incident Report Register No: _____

Further steps to be taken by the Manager/Level Head/Committee (if applicable):