**This information must be completed immediately after an incident**

**Incident Number:\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **NAME OF PERSON WRITING REPORT:** | **DATE:** |
|  | **START TIME:**  **END TIME:** |
|  | |

|  |  |
| --- | --- |
| **NAME/S OF STAFF INVOLVED IN INCIDENT:** | **NAME/S OF RESIDENT(S) INVOLVED IN INCIDENT:** |
|  |  |
| **NAME/S OF OTHER PARTICIPANTS / WITNESSES (STAFF)** | **NAME/S OF OTHER PARTICIPANTS / WITNESSES (RESIDENTS)** |

**Please tick as many of the following boxes as appropriate:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NATURE OF INCIDENT:** | | | | | | | |
| **CLIENT TO STAFF CONFLICT** | |  | **EXTERNAL PERSON INVOLVED** | | **NEIGHBOUR** | |  |
| **CLIENT TO CLIENT CONFLICT** | |  | **OTHER** |  | |
| **SUBSTANCE MISUSE** | |  | **RESTRAINT USED** | | |  | |
| **DISCLOSURE** | |  | **DAMAGE TO PROPERTY** | | |  | |
| **SELF HARM** | |  | **ACCIDENT**  **(Complete the accident book)** | | |  | |
| **CRITICAL INCIDENT** | |  | **SERIOUS INCIDENT** | | |  | |
| **THREATS/ ABUSE** | **TO STAFF** |  | **ACTUAL VIOLENCE** | **TO STAFF** | |  | |
| **TO ANOTHER RESIDENT** |  | **TO ANOTHER RESIDENT** | |  | |
| **OTHER: (Please specify if not listed above**) | | | | | | | |

|  |  |
| --- | --- |
| **DESCRIBE EVENTS PRECEDING THE INCIDENT:** | |
| **BEHAVIOUR: (OBJECTIVELY DESCRIBE THE BEHAVIOUR CAUSING CONCERN:**  ‬ |  |

|  |
| --- |
| **CONSEQUENCES: (INDICATE HOW THE INCIDENT WAS RESOLVED AND THE FINAL OUTCOME)** |
|  |

|  |
| --- |
| **FURTHER ACTION: (STATE IF ANY REQUIRED)** |
|  |

|  |
| --- |
| **RESIDENTS COMMENTS:** |

|  |
| --- |
| **SPECIFY ON ANY OF THE FOLLOWING:** |
| **POLICE INVOLVEMENT:**  **CAD NUMBER:** |
|  |
| **MEDICAL TREATMENT:** |
|  |

**STAFF SIGNATURE:**  **DATE:**