**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)**  |
|  |

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

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

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