TQN.Care
REGISTERED NDIS PROVIDER · SYDNEY & NSW

NDIS TEMPLATE · INCIDENT MANAGEMENT

Incident Report Form

Record the details of an incident so it can be reviewed and acted on. Complete as soon as practicable after the event.

Prepared for: _____ Date: _____

1 Report details

Date of report

Completed by

Role

2 Incident details

Date of incident

Time of incident

Location

Participant name

NDIS participant number

3 People involved / witnesses

Names and roles of everyone involved or who witnessed the incident.

4 What happened

A factual description of the incident — what led up to it, what occurred, and what was said or done.

5 Immediate actions taken

First aid, support provided, people notified, steps taken to keep everyone safe.

6 Injury or harm

- ☐ No apparent injury
- ☐ First aid provided
- ☐ Medical treatment sought
- ☐ Other / describe below

Details of any injury, harm or damage.

7 Reportable incident check

☐ Yes ☐ No ☐ Unsure — escalate to manager

> If this may be a reportable incident, follow the NDIS Quality and Safeguards Commission's current reporting requirements and timeframes. This form does not replace those obligations.

8 Follow-up & review

Notified to (name)

Date / time notified

Actions to prevent recurrence; outcomes; review notes.

9 Signatures

PERSON COMPLETING REPORT

Full name

Signature

Date

MANAGER / REVIEWER

Full name

Signature

Date