

Incident Report Form – Confidential

When should this report be completed?

This report must be completed if:

1. There is a Minor or Critical Incident as per the Procedure for Responding to an Incident (Minor or Critical);
2. There is a Child Protection Concern as per the Procedure for Handling Child Protection Concerns;
3. There is a complaint made against a staff or volunteer as per the Procedure for Handling Complaints against staff and volunteers; or
4. Any other situations that you feel a record of the Incident occurring may assist in the future.

How do I complete this report?

- **Sections 1 and 2** must be completed in **ALL** situations, and
- **Section 3** must be completed where there is an injury to an individual OR damage to property.
- **Section 4** must be completed in relation to Child protection concern.
- **Section 5** must be completed in relation to a Complaint against staff and volunteers.

Incident Details

SECTION 1 – DETAILS OF THE PERSON MAKING THE REPORT	
First name:	
Surname:	
Ministry Position:	
Date:	
Contact details	Mobile: Home number: E-mail:
Did you witness the incident?	Yes / No

SECTION 2 – INCIDENT DETAILS	
Date of the Incident:	
Time of the incident:	am pm
Exact location of the incident:	
Name of the program:	
Name and details of the person injured or in question (if multiple)	First name: Surname:

people involved, attach an additional document with all details):	Address: Date of Birth: Contact numbers: home mobile work E-mail: Gender: Male Female Other
The injured person was a:	Participant Team Member Other: _____
Name and details of any witnesses. (if multiple witnesses, attach an additional document with all details)	First name: Surname: Address: Contact numbers: home mobile work E-mail: Gender: Male Female Other
Is the incident about an injury or damage to property?	If yes, proceed to Section 3
Is the incident a Child Protection concern?	If yes, proceed to Section 4
Is the incident a complaint about a staff or volunteer?	If yes, proceed to Section 5

SECTION 3 – INJURY OR DAMAGE TO PROPERTY DETAILS

(refer to the Procedure for Responding to an Incident (Minor or Critical))

Describe the nature of the incident and what occurred	Briefly describe what happened at the time of the incident.
If a person has been injured, describe the nature and body part of the injury	Nature of Injury: Superficial / Fracture / Strain-Sprain / Irritation / Hernia / Bruise or Crush / Bite or Sting / Hearing Loss / Laceration or Cut / Poisoning / Infection / Disease / Amputation / Concussion / Allergy / Burn or Scald Other (please specify): _____
	Part of body Injured: Eye * / Ear / Nose / Mouth / Face / Jaws* / Neck* / Skull* / Head - Other* / Shoulder / Elbow / Wrist / Hand / Finger / Arm – Other / Groin / Hip / Knee / Ankle / Foot / Toe / Leg / Chest / Torso – Other / Internal / Back* / Nervous System / Skin / Respiratory System / Systemic Other (please specify):
	Doctor appointments should be made for body parts marked *
What level is this considered?	Level 1 – Minor Level 2 - Critical
Describe details of immediate treatment given and by whom	
Provide details of contact with parents	When parents contacted: What was discussed:
If Emergency services was contacted or	Type of emergency services involved: Name of hospital or doctor/dental practice:

medical assistance required, provide details here	
If this was a Critical Incident, detail names of people involved in the decision making	Full name: Position within the church: Contact details: mobile home work Full name: Position within the church: Contact details: mobile home work Full name: Position within the church: Contact details: mobile home work
Other than the immediate concerns of the patient, describe other immediate action taken	<i>Considerations given to witnesses, other leaders and participants, hazard reduction, etc.</i>
Does the injured person suffer from any pre-existing condition which may have caused or aggravated the injury?	Yes No If yes, please give details
Were equipment, furniture or physical structures involved in the incident?	Yes No
If yes, please provide details:	
IMMEDIATE REPORTING AND FOLLOW UP	
If the injury relates to a staff member, please refer to the Workplace Health and Safety policy for further actions that may be required.	
Was the incident a Workplace Health & Safety issue?	Yes No If Yes, the workplace health & safety officer has been notified? Name of WH&S Officer Date notified
Details of any follow up action required and by whom	Please provide details: <input type="checkbox"/> patient followed up <input type="checkbox"/> parents/caregivers followed up <input type="checkbox"/> awaiting further instructions from authorities <input type="checkbox"/> counselling offered to leaders <input type="checkbox"/> hazard removed / reconsideration of activity <input type="checkbox"/> potential media involvement <input type="checkbox"/> Insurance informed <input type="checkbox"/> other
Signed by Ministry Leader	Signature: Date:
Signed by Senior Pastor	Signature: Date:

SECTION 4 – CHILD PROTECTION CONCERN

(refer to the Procedure for Responding to Child Protection Concerns)

Names of the Safe Spaces Team dealing with the allegation	Full name: Position within the church: Contact details: mobile home work
--	--

	Full name: Position within the church: Contact details: mobile home work Full name: Position within the church: Contact details: mobile home work
Describe the nature of the allegation and what occurred	Describe exactly what has happened at the time of the incident. Use specific words used by the person making the allegation.
Is this a Mandatory Reporting offence?	Yes No
If the assessment is that the child is in immediate danger, what actions have been put in place?	<input type="radio"/> 000 contacted Yes No <input type="radio"/> Details of instructions given by Police and/or other Emergency Services: Name of officer: Instructions given: <input type="radio"/> Immediate safety concerns of child and others considered Please give details <input type="radio"/> Any support given to the person. Please give details
If the assessment is that the child is not in immediate danger, however there is still a disclosure or suspicion of harm, what actions have been put in place?	Department of Child Safety, Seniors and Disability Services contacted. Date: Person spoken to: Report number given:
If a report has not been made, please outline the decision of the Safe Spaces Team as to why this was not considered reportable.	
Signed by Safe Spaces Team	Signatures: Date:
Signed by Senior Pastor	Signature: Date:

SECTION 5 – COMPLAINT ABOUT A VOLUNTEER OR STAFF

(Refer to the Procedure for Handling Complaints against Staff and Volunteers

Is the complaint against a Pastor? If yes, please refer to the QB Ethical Issues Response Guidelines

Describe the complaint that has been made	
What level is this considered?	Level 1 – minor Level 2 – major Level 3 - critical
Names of Church Leadership dealing with the complaint	Full name: Position within the church: Contact details: mobile home work Full name:

	Position within the church: Contact details: mobile home work Full name: Position within the church: Contact details: mobile home work
Dealing with a Minor Complaint?	
Outline the meetings, discussion and outcomes from meetings had	
Dealing with a Major or Critical Complaint?	
Is the complaint a Child Protection Concern?	Yes / No <i>If yes, complete section 4 as well</i>
Is the complaint a crime?	Yes / No If yes, Police have been contacted? Give details of recommendations from Police If no, detail reasons why authorities have not been contacted
Is there a possibility that government authorities, lawyers or media might become involved?	Likely / Unlikely If likely, an internal investigation is recommended. Please contact QB Safe Spaces or the Professional Standards Officer within 48hrs of the incident occurring.
Has the QB Safe Spaces Coordinator or Professional Standards Officer been contacted?	Yes / No Document any recommendations from QB here
Details of the Risk Assessment performed by Church Leadership	
Please provide details of the outcome of the complaint and who this has been communicated to	
If an investigation has been initiated, either internally or externally, please attach copies of these findings and subsequent decisions and outcomes made by Church Leadership.	
Signed by Church Leadership	Signatures: Date:
Signed by Senior Pastor	Signature: Date:

A copy of this form and it's attached documents will be kept securely on file:

- a) **At the Church; and with**
- b) **Queensland Baptists – confidentially available to the QB Safe Spaces Team, Baptist Insurance Scheme, Professional Standards or Pastoral Services as required.**
- c) **Data collected from Incident reports will be reported to QB Directors and Board from time to time. Within these reports, church and personal details will remain anonymous, unless details are required to be released.**

The QB Safe Spaces Coordinator will be in contact to follow up any further details, if required.