

Policy Number: **OS08.1**

Policy Area: **Organisational Integrity and Standards**

Policy Title: **Incident Report Form**



Related Documents: OS02 Complaints  
OS02.1 Complaints Handling  
OS08 Incident Management Policy  
OS05 Child Protection  
OS06 GMP Code of Conduct

This form is for the use of GMP staff and partners.

Please use this form to report breaches of GMP's Code of Conduct, any accidents, injuries or near misses while involved in GMP activities, instances of assault, exploitation or harassment, child abuse or neglect, or participation in fraud, corruption or terrorism within GMP or GMP-supported projects. Submit the completed form to the GMP Executive Officer.

Please also use this **Incident Report Form** for any organisational issue which you have identified as possibly creating a risk.

<b>Global Mission Partners Incident Report Form</b>					
<b>Date of incident:</b>		<b>Site/Location:</b>			
<b>Time of incident:</b>					
<b>Situation</b>	<input type="checkbox"/> Church Partner Visit	<input type="checkbox"/> Australian GMP workplace			
	<input type="checkbox"/> GMP Staff Monitoring Visit	<input type="checkbox"/> GMP-supported project			
<b>Description of Events: Be brief and use the other sections below to report detail of incident.</b>					
<b>Print Name of Person Submitting report:</b>			<b>Signature of Person Submitting report :</b>		
<b>1. INCIDENT TYPE</b>					
<input type="checkbox"/> Accident	<input type="checkbox"/> Near miss	<input type="checkbox"/> Breach of Code of Conduct	<input type="checkbox"/> Child abuse <input type="checkbox"/> Neglect	<input type="checkbox"/> Assault <input type="checkbox"/> Exploitation <input type="checkbox"/> harassment	<input type="checkbox"/> Fraud/Corruption <input type="checkbox"/> Terrorism <input type="checkbox"/> Other
<b>2. DESCRIBE WHAT HAPPENED</b>					

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**3. AFFECTED PERSON**

**Affected Person's Name:**

**Date of Birth:** | **Gender:**

DESCRIBE THE IMPACT ON THE WELLBEING OF THE PERSON NAMED (PHYSICAL AND/OR PSYCHOLOGICAL OUTCOME)

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Was first aid required?       Yes       No

What was done to immediately manage the person's safety?

What was done to immediately manage the safety of others?

**4. LOCATION OF INCIDENT**

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**5. OTHER PERSONS**

Names of others affected	
Names of witnesses	
Names of accused (In case of assault or abuse, exploitation or breach of code of conduct)	

**6. CONTRIBUTING FACTORS (IDENTIFY FACTORS THAT LED TO THE INCIDENT)**

**Person– (eg. behaviour, health, clothing, activity, hunger or thirst)**

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**Environmental – (eg. building fault, equipment fault, extreme temperatures, natural disaster)**

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<b>Supervision– (eg. Absence, untrained, alcohol/drugs, inattention, illness)</b>

**7.: DETAILS OF PERSONS NOTIFIED**

<input type="checkbox"/> Doctor	Yes	N/A	Name:	Date:	Time:
<input type="checkbox"/> Local Partner	Yes	N/A	Name:	Date:	Time:
<input type="checkbox"/> Team Leader	Yes	N/A	Name:	Date:	Time:
<input type="checkbox"/> Family/Parent	Yes	N/A	Name:	Date:	Time:
<input type="checkbox"/> GMP Executive Officer	Yes	N/A	Name:	Date:	Time:
<input type="checkbox"/> Travel/Health Insurer	Yes	N/A	Name:	Date:	Time:
<input type="checkbox"/> Police	Yes	N/A	Name:	Date:	Time:
<input type="checkbox"/> Maintenance	Yes	N/A	Name:	Date:	Time:
<input type="checkbox"/> Other	Yes	N/A	Name:	Date:	Time:

<b>Action taken:</b>
<b>Are there any changes to policy or practice that should be considered?</b>

**8. To be completed by Executive Director**

<b>People contacted to follow up the incident:</b>			
Name:	Position:	Date:	Time:

<b>Desired Outcome</b>

**Action taken (Please consider follow up where someone has suffered a traumatic event.)**

**Final Outcome**

**Signature:**

**Print Name:**

**Date Signed:**