

## Incident reporting form

This form should be used by contracted organisations to report major incidents to the PHN. It should be submitted to the PHN within 24 hours of the incident.

Contracted organisation	
Address of incident	
Date of incident	
Date Reported to the PHN	
Persons present	
Description of incident	
	<ul> <li>□ Death of a service user as a result of the actions or inactions of the service provider</li> <li>□ Harm or potential harm to a service user as a result of the actions or</li> </ul>

Type of incident	<ul> <li>□ Death of a service user as a result of the actions or inactions of the service provider</li> <li>□ Harm or potential harm to a service user as a result of the actions or inactions of the service provider</li> <li>□ Allegation of professional misconduct</li> <li>□ Breaches of clinical, professional or regulatory standards.</li> <li>□ Unlawful activity by a provider or a member of their staff.</li> <li>□ Complaints that threaten to go to the media, a politician or the Department of Health</li> <li>□ Privacy or Data breach</li> <li>□ Other</li> </ul>
Brief overview of what occurred	
Outline of any factors that contributed to this incident occurring	
For complaints, please provide contact information for the person making the complaint	

## **Corrective/Preventative action: Action Taken Proposed Action** Outline of any action or support required by the PHN Signature of Organisation representative Name: Signature: Date: For PHN internal use **Responsible Officer** Comments Incident recorded in ChilliDB YES NO Signature Date **PHN Executive Manager** Comments

The Executive Manager should report the incident to the PHN Executive.

Signature

Date