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# Branch Incident Reporting Form

Version: 1.0

Date of approval:

Date of review:

Responsibility: GM Operations

## When and how to use this form

Where possible this form should be completed by the person involved (if able) within three working days of the incident occurring.

The completed form is to be forwarded immediately to the branch president / coordinator or their delegate, and Blind Citizens Australia at, [bca@bca.org.au](mailto:bca@bca.org.au) Failure to report an incident could result in someone else being put at risk in the future.

* This form must be kept strictly confidential by all parties.
* Complete a separate form for each incident.

This form must be used for each occasion of:

* incident, risk or hazard resulting in a near miss.
* incident, risk or hazard resulting in physical or psychological injury or death.
* aggressive behaviour
* verbal abuse
* destruction of equipment or property (or threats thereof).
* physical assault (or threats thereof).

## Details of person completing the form:

Name of person involved in incident:

Branch position (e.g., member, president, coordinator, treasurer, etc.):

Name of person completed form (If different):

Branch position:

## Details of Incident

Date of incident:

Time (include am or pm):

Location / address of incident:

What was taking place when the incident occurred?

Other persons present at the time:

Name of perpetrator (if relevant and known), or description if unknown (only complete this section if relevant to this situation):

## What happened?

Provide as much detail as possible. Please write what you remember and do not delete any of your written statements. Add further details as relevant.

Were any injuries sustained (Yes or No)?

If yes, name of injured person:

Details of injuries:

First aid or treatment given:

Was any property or equipment damaged (Yes or No)?

If yes, details of damage:

Has a likely cause of the incident been determined?

With hindsight, what warning signs were evident prior to the incident?

What action did staff, volunteer or person(s) present take, if any, to try and address the situation prior to the incident occurring?

What action did staff, volunteer or person(s) present take, if any, to try and address the situation during or after the incident?

If emergency services were called, please provide details, including any reference numbers:

Who was the incident reported to?

## Branch president or coordinator to complete:

The following details to be completed by the branch president or coordinator, or their approved delegate:

Have staff and volunteers been provided with an opportunity to debrief and discuss the issue (Yes or No)?

Follow up action required and by who, including timeframe:

Present / Coordinator / Delegate name:

Date submitted:

BCA CEO / Delegate name:

Date received:

End of document.