

Client Incident Report – How to complete

Critical Client Incident Management and Victorian approved National Disability Insurance Scheme (NDIS) providers

Client Incident Report – How to Complete

There are three formats of the Client Incident Report form (CIR form); word version, macro version and non-macro version. The incident report form can be downloaded from the Funded Agency Channel at www.dhs.vic.gov.au/funded-agency-channel/about-service-agreements/incident-reporting.

Part 1 – Reporter Details

<p>In this section record your name, phone number and position title.</p> <p>Select the area that your service is located in. Do not select a Funding DHS program. Leave this element blank.</p> <p>Reporting organisation is the name of the NDIS provider reporting the incident.</p> <p>Reference number record 'NDIS' if the incident involves an NDIA client.</p> <p>Facility/program name is the name of the service reporting the incident, for example, the name of the residential unit, the name of the day centre.</p>	<div style="text-align: right; margin-bottom: 10px;"> Leave this field blank </div> <p>Part 1: Reporter details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Reporting officer's name:</td> <td style="width: 30%;"><input type="text"/></td> </tr> <tr> <td>Telephone number:</td> <td><input type="text"/></td> </tr> <tr> <td>Position title:</td> <td><input type="text"/></td> </tr> <tr> <td>Region: <i>Refer to Regions (list A)</i></td> <td><input type="text"/></td> </tr> <tr> <td>Funding DHS Program: <i>Refer to Programs (list B)</i></td> <td><input type="text"/></td> </tr> <tr> <td>Reference number: <i>(if applicable)</i></td> <td><input type="text"/></td> </tr> <tr> <td>Reporting organisation: <i>DHS / CSO name</i></td> <td><input type="text"/></td> </tr> <tr> <td>Facility/Program name: <i>E.g. ABC Day Centre</i></td> <td><input type="text"/></td> </tr> </table>	Reporting officer's name:	<input type="text"/>	Telephone number:	<input type="text"/>	Position title:	<input type="text"/>	Region: <i>Refer to Regions (list A)</i>	<input type="text"/>	Funding DHS Program: <i>Refer to Programs (list B)</i>	<input type="text"/>	Reference number: <i>(if applicable)</i>	<input type="text"/>	Reporting organisation: <i>DHS / CSO name</i>	<input type="text"/>	Facility/Program name: <i>E.g. ABC Day Centre</i>	<input type="text"/>
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Part 2 – Incident Details

<p>Date of incident record the actual date and time the incident occurred.</p> <p>If you did not see the incident record the date and time you were first told about the incident.</p>	<p>Part 2: Incident details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Date of incident: <i>DD/MM/YYYY</i></td> <td style="width: 20%; text-align: center;">/ /</td> <td style="width: 20%;">Time of incident:</td> <td style="width: 10%;"><input type="text"/></td> </tr> <tr> <td colspan="2">If you did not see the incident: Date you were first told about the incident: <i>DD/MM/YYYY</i></td> <td>Time first told of incident:</td> <td><input type="text"/></td> </tr> <tr> <td colspan="4">Address/location of incident: <i>Where did it happen?</i></td> </tr> </table>	Date of incident: <i>DD/MM/YYYY</i>	/ /	Time of incident:	<input type="text"/>	If you did not see the incident: Date you were first told about the incident: <i>DD/MM/YYYY</i>		Time first told of incident:	<input type="text"/>	Address/location of incident: <i>Where did it happen?</i>			
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Address/location of incident: <i>Where did it happen?</i>													

<p>Address/location is the actual address/location the incident occurred, for example, street address, park, room in house.</p>					
<p>Incident type choose one incident type, the most serious. The incident that best describes what happened in the incident or the behaviour/circumstance that had the greatest impact upon the client.</p> <p>Assault if physical or sexual assault you must select the box indicating who the alleged perpetrator was and who the alleged victim was. Carer/volunteer recorded as staff.</p>	<table border="1"> <tr> <td data-bbox="715 371 1075 479"> <p>Incident type Refer to the Incident types (list C). Choose and write down ONE (the most serious) incident type only. Copy exact wording from the list.</p> </td> <td data-bbox="1075 371 1490 479"> <input type="text"/> </td> </tr> <tr> <td data-bbox="715 479 1075 658"> <p>For incidents involving assault: Please mark one only. 'Other' refers to those who are not clients, staff or carers but who were involved in the incident.</p> </td> <td data-bbox="1075 479 1490 658"> <input type="checkbox"/> client to client <input type="checkbox"/> client to staff/ carer <input type="checkbox"/> staff/ carer to client must be marked as Category 1 below <input type="checkbox"/> client to other <input type="checkbox"/> other to client </td> </tr> </table>	<p>Incident type Refer to the Incident types (list C). Choose and write down ONE (the most serious) incident type only. Copy exact wording from the list.</p>	<input type="text"/>	<p>For incidents involving assault: Please mark one only. 'Other' refers to those who are not clients, staff or carers but who were involved in the incident.</p>	<input type="checkbox"/> client to client <input type="checkbox"/> client to staff/ carer <input type="checkbox"/> staff/ carer to client must be marked as Category 1 below <input type="checkbox"/> client to other <input type="checkbox"/> other to client
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<p>Select one category for the incident. Category 1 is an incident that has resulted in a serious outcome such as client death or severe trauma. Category 2 is an incident that threatens client or staff safety/health and wellbeing.</p> <p>To make further decisions about which category to select, refer to the DHS Incident reporting categorisation table.</p>	<p>Incident category: Refer to Incident types list (C). For items with an asterisk * you must select as Category 1. To make further decisions about which category to select, refer to the DHS Incident Reporting Categorisation Table (list D)</p> <table border="1"> <tr> <td data-bbox="715 734 1066 913"> <input type="checkbox"/> Category 1 </td> <td data-bbox="1066 734 1490 913"> <input type="checkbox"/> Category 2 </td> </tr> </table>	<input type="checkbox"/> Category 1	<input type="checkbox"/> Category 2		
<input type="checkbox"/> Category 1	<input type="checkbox"/> Category 2				

Part 3 – Who was Involved

<p>Client details</p> <p>In this section record the details only of client(s), involved in the incident.</p> <p>The first client listed is the client most involved in the incident.</p> <p>Medical professional includes allied health, ambulance or doctor.</p>	<p>Clients: details Please complete for each client involved in the incident. This includes client witnesses.</p> <table border="1"> <thead> <tr> <th></th> <th>Family name</th> <th>First name</th> <th>Sex (M/F)</th> <th>Aboriginal or Torres Strait Islander (circle one)</th> <th>Date of Birth</th> <th>Address</th> <th>Participant/ Witness/ Victim/ (P/W/V) (circle one only)</th> <th>Injured (circle one)</th> <th>Medical professional required (circle one)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Y N</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>P W V</td> <td>Y N</td> <td>Y N</td> </tr> <tr> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Y N</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>P W V</td> <td>Y N</td> <td>Y N</td> </tr> <tr> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Y N</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>P W V</td> <td>Y N</td> <td>Y N</td> </tr> <tr> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Y N</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>P W V</td> <td>Y N</td> <td>Y N</td> </tr> </tbody> </table> <p>* Only mark 'victim' when incident involves assault.</p>		Family name	First name	Sex (M/F)	Aboriginal or Torres Strait Islander (circle one)	Date of Birth	Address	Participant/ Witness/ Victim/ (P/W/V) (circle one only)	Injured (circle one)	Medical professional required (circle one)	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y N	<input type="text"/>	<input type="text"/>	P W V	Y N	Y N	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y N	<input type="text"/>	<input type="text"/>	P W V	Y N	Y N	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y N	<input type="text"/>	<input type="text"/>	P W V	Y N	Y N	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y N	<input type="text"/>	<input type="text"/>	P W V	Y N	Y N
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<p>Staff/Carer or other details</p> <p>The first name listed is the person most involved in the incident.</p> <p>In this section record the details of staff, carer and others involved in the incident.</p> <p>Paid staff includes an employee, casual employee, carer includes foster care, kinship carer or permanent carer.</p> <p>DINMA is the department's workplace safety reporting system for DHS only. NDIS providers not required to complete.</p>	<p>Staff/carers or others: details Please complete for each staff member/carers or others involved in the incident, including any witnesses.</p> <table border="1"> <thead> <tr> <th></th> <th>Family name</th> <th>First name</th> <th>Position/title or Kinship/foster carer or other</th> <th>Paid staff/ Carer (circle one)</th> <th>Participant/ Witness/ Victim/ (P/W/V) (circle one only)</th> <th>Injured (circle one)</th> <th>Medical professional required (circle one)</th> <th>DINMA completed (DHS only)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>P C</td> <td>P W V</td> <td>Y N</td> <td>Y N</td> <td>Y N</td> </tr> <tr> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>P C</td> <td>P W V</td> <td>Y N</td> <td>Y N</td> <td>Y N</td> </tr> <tr> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>P C</td> <td>P W V</td> <td>Y N</td> <td>Y N</td> <td>Y N</td> </tr> <tr> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>P C</td> <td>P W V</td> <td>Y N</td> <td>Y N</td> <td>Y N</td> </tr> </tbody> </table>		Family name	First name	Position/title or Kinship/foster carer or other	Paid staff/ Carer (circle one)	Participant/ Witness/ Victim/ (P/W/V) (circle one only)	Injured (circle one)	Medical professional required (circle one)	DINMA completed (DHS only)	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	P C	P W V	Y N	Y N	Y N	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	P C	P W V	Y N	Y N	Y N	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	P C	P W V	Y N	Y N	Y N	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	P C	P W V	Y N	Y N	Y N					
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Part 4 – What Happened

<p>Describe the incident record what happened and impact on client. Details should be brief, factual account of the incident.</p> <p>Include immediate actions taken to meet client's wellbeing, who was involved, how, where and when the incident occurred; who was injured and the nature and extent of injuries (if applicable).</p> <p>Who was contacted, for example, family, police, ambulance or doctor.</p> <p>Explain who each person is, for example, Mary (client) was found by John (staff) on the floor.</p>	<p>Describe the incident and the immediate response of staff.</p> <p><i>This section should be a brief, factual account of the incident. Include who was involved; how, where and when the incident occurred; who did what; who (if anyone) was injured and the nature and extent of injuries (if applicable).</i></p> <p>_____</p> <p>_____</p> <p>_____</p>												
<p>Property or equipment damaged and details if applicable.</p> <p>Signature of reporting officer, person completing steps 1 – 4.</p>	<table border="1"> <tr> <td data-bbox="678 837 1061 898">Was any property or equipment damaged?</td> <td data-bbox="1061 837 1157 898"><input type="checkbox"/> Yes</td> <td data-bbox="1157 837 1273 898"><input type="checkbox"/> No</td> <td data-bbox="1273 837 1490 898"></td> </tr> <tr> <td data-bbox="678 898 1061 958">Details of damage:</td> <td colspan="3" data-bbox="1061 898 1490 958">_____</td> </tr> <tr> <td colspan="2" data-bbox="678 958 1273 1019">Signature of reporter:</td> <td colspan="2" data-bbox="1273 958 1490 1019">Date: / /</td> </tr> </table>	Was any property or equipment damaged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Details of damage:	_____			Signature of reporter:		Date: / /	
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Signature of reporter:		Date: / /											

Part 5 – Manager's report

<p>Completed by house supervisor, coordinator, manager, CEO or manager.</p> <p>As delegated in provider/ house.</p>	<p><i>Part 5 to be completed by house supervisor/coordinator, line manager, CEO, or agency manager.</i></p> <table border="1"> <tr> <td data-bbox="678 1173 1220 1234">Print Name:</td> <td data-bbox="1220 1173 1364 1234">_____</td> <td data-bbox="1364 1173 1490 1234">Telephone:</td> <td data-bbox="1490 1173 1495 1234">_____</td> </tr> <tr> <td data-bbox="678 1234 1220 1290">Position:</td> <td colspan="3" data-bbox="1220 1234 1490 1290">_____</td> </tr> </table>	Print Name:	_____	Telephone:	_____	Position:	_____		
Print Name:	_____	Telephone:	_____						
Position:	_____								
<p>Brief Summary of incident to consolidate the incident in 20 words or less. The summary is an overview of who was involved and the context of the incident.</p> <p>For example, client 1 caused property damage by continuously hitting the walls / client 1 attempted suicide by ... / client disclosed to staff she had been assaulted / client 1 crashed the unit's car.</p>	<p>Brief summary of incident (for all incidents) <i>Provide a brief summary of incident in 20 words or less.</i></p> <p>_____</p> <p>_____</p> <p>_____</p>								
<p>Actions taken in response to the incident, to address safety risks and what will be done to prevent incident from happening again.</p> <p>Include steps taken to address the client's wellbeing, safety and support provided.</p> <p>Include who has been contacted, for example, family, advocate, police.</p>	<p>What actions have been taken and what follow-up actions will be taken in response to the incident? <i>Please describe what actions have been taken to address safety risks and what will be done to prevent recurrence of the incident.</i></p> <p>_____</p> <p>_____</p> <p>_____</p>								

<p>Staff to Client Assault/ Abuse in care</p> <p>This section refers to alleged or actual physical or sexual assault where a client in care is the victim, and the perpetrator is a staff member, a carer or a member of the carer's household.</p> <p>Provide details relating to actions taken in relation to the incident, staff/carers stood down, change of placement, quality of care review recommended.</p>	<p>Staff to client assault and/or Abuse in care <i>These refer to alleged or actual physical or sexual assault where a client in care is the victim, and the perpetrator is a staff member, a carer or a member of the carer's household.</i></p> <table border="1"> <tr> <td>Is this an incident of staff to client assault?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td colspan="2"><i>If yes, complete remaining items in this section.</i></td> </tr> <tr> <td>Have immediate client safety needs been met?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td colspan="2"></td> </tr> <tr> <td>Has an investigation been initiated?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td colspan="2"></td> </tr> <tr> <td>Is this an incident of abuse in care?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td colspan="2"></td> </tr> </table> <p>Please provide details: <i>e.g. staff or carer stood down or client removed from placement, Quality of Care review or other review recommended.</i></p> <p>_____</p>	Is this an incident of staff to client assault?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If yes, complete remaining items in this section.</i>		Have immediate client safety needs been met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Has an investigation been initiated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Is this an incident of abuse in care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																	
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<p>Compulsory treatment for clients receiving disability services from a provider registered under the Disability Act 2006 and subject to compulsory treatment under that Act involved or impacted upon by the incident. For example, supervised treatment order, registered treatment order, parole or custodial supervision order.</p>	<p>Compulsory treatment (for Disability Services clients only):</p> <table border="1"> <tr> <td>Are any of the clients subject to compulsory treatment under the Disability Act (2006)? <i>(STO, RTO, ESO, parole, custodial supervision order)</i></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	Are any of the clients subject to compulsory treatment under the Disability Act (2006)? <i>(STO, RTO, ESO, parole, custodial supervision order)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																
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<p>Other areas informed</p> <p>Complete as required.</p>	<p>Other areas informed</p> <table border="1"> <tr> <td>Local CASA support offered:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>Line manager/CEO informed:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Date: / /</td> <td>Time: _____ <input type="checkbox"/> N/A</td> </tr> <tr> <td>Police contacted:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Date: / /</td> <td>Time: _____ <input type="checkbox"/> N/A</td> </tr> <tr> <td>Police officer's name:</td> <td colspan="2">_____</td> <td>Telephone:</td> <td>_____</td> </tr> <tr> <td>Police investigation:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Date: / /</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>Coroner contacted:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> N/A</td> <td>Date: / /</td> <td>Case number: _____</td> </tr> <tr> <td>WorkSafe Victoria notified:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Date: / /</td> <td><input type="checkbox"/> N/A</td> </tr> </table>	Local CASA support offered:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> N/A	Line manager/CEO informed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /	Time: _____ <input type="checkbox"/> N/A	Police contacted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /	Time: _____ <input type="checkbox"/> N/A	Police officer's name:	_____		Telephone:	_____	Police investigation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /	<input type="checkbox"/> N/A	Coroner contacted:	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	Date: / /	Case number: _____	WorkSafe Victoria notified:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /	<input type="checkbox"/> N/A
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Police officer's name:	_____		Telephone:	_____																																
Police investigation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /	<input type="checkbox"/> N/A																																
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<p>Quality checked by manager, all sections are completed and brief description completed.</p> <p>Sign, date and time.</p>	<table border="1"> <tr> <td>Report quality checked:</td> <td><input type="checkbox"/> Yes</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Signature of Manager:</td> <td colspan="2">_____</td> <td>Date: / /</td> <td>Time: _____</td> </tr> </table> <p>Forward completed incident report to the Designated Point in DHS Regional Office</p>	Report quality checked:	<input type="checkbox"/> Yes				Signature of Manager:	_____		Date: / /	Time: _____																									
Report quality checked:	<input type="checkbox"/> Yes																																			
Signature of Manager:	_____		Date: / /	Time: _____																																

Forward completed Client Incident Report to the Department of Health and Human Services by:

- uploading and transmitting the Client Incident Report via the web based Client Incident Submission form available on the Funded Agency Channel www.dhs.vic.gov.au/funded-agency-channel/about-service-agreements/incident-reporting, or
- faxing the Client Incident Report to 1300 734 633.

To receive this publication in an accessible format email fac@dhhs.vic.gov.au

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