



**ACS: F6 ALKIRA CARE SERVICES STAFF/CLIENT INCIDENT FORM**

Name of Staff/Client		
When did the incident occur	Date:	Time:
Where did the incident occur?		
What happened and who was present during incident (This section to be completed by the employee making the report)		
Was injury (e.g.. bruising, laceration etc.) sustained? If so, what:		
Staff reporting (Name):	Signature & date/time:	
Witness (Name)	Signature & date/time:	
RN report/Treatment given:		
Manager notified (Name):	Signature & date/time:	
Manager report/follow - up		

***What was happening prior to the incident?***

***What Happened After The Incident?***

What did the environment look like during and after the incident (physically & socially)?

***Follow-up***

Why do you think the incident occurred?

How could similar incidents be avoided in the future?

What else needs to be done, in the best interests of the staff/client & others affected by the incident?