

PI COMPLAINT/ INCIDENT REPORT FORM

Date of report:

Impacted person/s name:

Impacted person/s contact details:

Name of other persons involved:

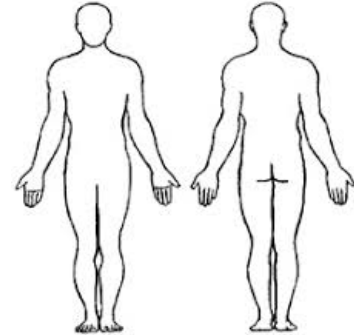
Contact details of other people involved:

Date and time of the incident:

Location of the incident:

Detailed description of complaint/incident:

If the incident relates to a personal injury, please indicate the injury site on this diagram, and provide a description of the injury, and the medical assistance required (if any).



What led up to the incident?

Were there any witnesses (please include name and contact details)?

Was the incident reported to the LIRC or PI staff (include date, time and method of reporting)?

Has this or a similar incident happened to you before? If so, please provide details.

What did you do when it occurred? What did other people do to help you and how did you help yourself?

Name of person submitting incident report:

Position:

Contact details:

Signature:

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Is this a Reportable Incident? Y/N. If reportable, please provide a description.

When was it reported and to which agencies?

What is the severity of the complaint/incident (low, moderate, severe)?

Estimate of timeframe to resolve the complain/incident.

Details of any investigation undertaken by PI and outcomes of investigation

What actions will be undertaken by PI to resolve the incident?

Date of closure of Complaint/Incident:

CEO:
:

Signature:

Operations Coordinator:

Signature:

Complete this Form and hand it into the LIRC or the Operations Coordinator, or

email it to PI Operations Coordinator sgiorioni@projectindependence.com.au

and copy the CEO mfisk@projectindependence.com.au