FRM003 Incident Report Form

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Complete the following incident report form in line with the policy and process outlined in POL003. Only complete the sections below with information that is based on what you directly witnessed.

Complete this form within 24 hours of any incident.

Type of incident:

- ☐ General trespass
- ☐ Noise complaint
- ☐ Crowd incident
- ☐ Theft
- ☐ Damage to grounds
- ☐ Near miss
- ☐ First aid
- ☐ Emergency services required
- ☐ Emergency evacuation
- ☐ Slip/trip/fall incident
- ☐ Lost person
- ☐ Other (specify)
- ☐ Vehicle-related incident
- ☐ Suspicious article
- ☐ Privacy breach
- ☐ Intoxication
- ☐ Unauthorised activities

Details of injured / affected person

Staff member ☐
Client ☐
Under 18s ☐
Other ☐

Given name/s | Surname
Residential address
Postcode | Telephone

Incident details

Date and time of incident | Date and time of report
Location

Reported to manager ☐ Yes ☐ No
Details of report?

Emergency Services ☐ Yes ☐ No
Details of attendance

Was first aid provided? ☐ Yes ☐ No
Details of treatment

Other witnesses ☐ Yes ☐ No
Details of witnesses

Details of how incident occurred

Description of incident (include specifics e.g. location, cause, witnesses, details of attending officers/ambulance, further treatment)

Name of person completing report	
Contact telephone number	
Signature	
Date reported	

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The Section to be completed by Department Manager

Department Manager Report

Role			
Given name/s		Surname	
Incident details			
Date of incident		Date of report	
Location			
Did you inspect the area?	☐ Yes	☐ No	
What was evident?			
Is this a Notifiable Incident?	☐ Yes	☐ No	
Details of reporting			
WHS Consultation	☐ Yes	☐ No	
Recommendations			
Incident Register Updated	☐ Yes	☐ No	
Details			

By signing this document, you acknowledge that you have read and understood the information contained herein.

Manager Signature _____ **Date** _____

Version History

Date	Summary of Modifications Made	Version
1/4/2026	Version 1.1 finalised.	1.1