

BRAVO DISABILITY SUPPORT NETWORK INC.

INCIDENT REPORT FORM

Incident Level:	Level 1	Level 2
Date of incident:	Time of Incident:	
Critical Incident No:	(Office use only)	
Individual involved:		
Bravo Team Member involved:		
Others involved		
Incident duration:		
Key Presentation: (Please tick)	Suicide / suicidal ideation Property damage Disclosure Criminal activity Illness or injury	Self-harm Violence (actual/threatened) Drug / alcohol / related Natural disaster Other
Probable Cause / Precursor: (Please tick) What do you <u>think</u> caused the incident?	Environment / ecology Social / family interaction Boundary testing Personal distress Team Member behaviour	Mental health Physical health Group dynamics Risk taking Change
Where?		
What? (brief description)		
How? (full description)		

Why?	
What intervention approaches were used?	
What worked best?	
What did not work so well?	
Have you advised child safety after hours?	
Time of call	
Date of call	
Name of Child Safety Officer worker	
Have you advised Bravo Extended Hours	
Time of call	
Date of call	
Name of worker receiving call	
What follow up is required?	
What course of action might reduce future risk?	

Submitted by	
Submission date	
Signature	

(Office use only)

Received by	
Received date	
Signature	