Appendix 14.6

Assisted Boarding Houses Incident Report Form

This form is to be used to notify the Secretary of the Department of Communities and Justice (DCJ) of incidents in accordance with section 83 of the *Boarding Houses Act 2012*.

Incidents include:

the sexual assault (or an allegation of sexual assault) of a resident of the boarding house

the unexpected absence of a resident of the boarding house with additional needs for more than 24 hours

an assault or allegation of assault (other than a sexual assault) under Part 3 of the Crimes Act of:

* a resident by a staff member; or
* a staff member by a resident; or
* a resident by another resident

a serious accident involving a resident on the premises of the boarding house resulting in the resident needing medical, dental or hospital treatment

the making of a complaint about the treatment of a resident whereby it is alleged that the BH Act or BH Regulation has been contravened, a staff member has committed fraud against a resident, or the resident has been neglected, ill-treated or otherwise had their safety, health or well-being compromised while living at the boarding house

other incidents involving residents, including serious attempted self-harm.

If a resident has died, please use DCJ’s Client Death Notification Form.

Please complete this form and return it to a DCJ’s Boarding House Compliance Officer as soon as reasonably possible after the incident happens. Given the seriousness of these incidents, and the standard set by other regulatory practices, we would encourage you to notify DCJ within a 24 hour period.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assisted Boarding House details | | | | |
| Name |  | | | |
| Address |  | | | |
| Details of persons involved | | | | |
| Name |  | ☐ Resident | ☐ Staff | ☐ Other |
| Name |  | ☐ Resident | ☐ Staff | ☐ Other |
| Name |  | ☐ Resident | ☐ Staff | ☐ Other |
| Name |  | ☐ Resident | ☐ Staff | ☐ Other |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Incident details | | | | | | | | | |
| Date | |  | Time | | |  | | | |
| Where incident occurred | |  | | | | | | | |
| Incident type | | ☐ Absence  ☐ Alleged sexual assault  ☐ Assault physical/verbal  ☐ Damage to property  ☐ Fire (minor / major) | | | ☐ Illness (hospitalisation)  ☐ Injury  ☐ Medication error  ☐ Self harm (actual / threat)  ☐ Theft / robbery | | | | |
| ☐ Other (please specify) | | |  | | | | |
| Description (*what happened*) | |  | | | | | | | |
| Reported to | |  | Reported by | | |  | | | |
| Witness name | |  | Witness name | | |  | | | |
| Immediate action | | | | | | | | | |
| Was first aid administered? | | | ☐ Yes | | | | | ☐ No | ☐ N/A |
| If yes, please give name of first aid attendant | | |  | | | | | | |
| Was an ambulance called? | | | ☐ Yes | | | | | ☐ No | ☐ N/A |
| Were the police called? | | | ☐ Yes | | | | | ☐ No | ☐ N/A |
| If yes, please give name of Police Officer, station and Police event number. | | |  | | | | | | |
| Treating Hospital/ Doctor | |  | Phone | | |  | | | |
| Other action | | | | | | | | | |
| *Please give details of any further action taken in response to the incident:* | | | | | | | | | |
|  | | | | | | | | | |
| Your name |  | | | Phone | | |  | | |
| Signature |  | | | Date | | |  | | |
| DCJ use only | | | | | | | | | |
| Name of officer |  | | | Date received | | |  | | |
| Comments |  | | | | | | | | |