



Incident/Accident/Hazard/Complaint/Near Miss Form

Name:	Phone Number:
Date of Event:	Date Reported:
Staff Members Involved:	Reported to RRMC member:

Type:	Incident	Report Type:	Email
	Accident		Fax
	Hazard		Phone
	Complaint		Post
	Near miss		Verbal
			Written complaint

What Happened?	
Why did it Happen?	
Signature:	

Action by Clinic:	Apology given to patient
	Escalated to senior staff

For Management Use Only:

	Issue resolved
	Other

Complete if Non-Patient Issue	Type:
	Facility related
	Equipment related
	Process related
	Staffing related

Likely to Reoccur:	Consequences:	Risk Score:
Very likely	Severe	Severe (correct in 24 hrs)
Moderate	Major	High (correct in 40 days)
Unlikely	Moderate	Medium (correct in 21 days)
Rare	Minor	Low (correct in 30 days)
	Minimal	

Acknowledged in 5 days:	No	Response after 10 days:	No	
	Not applicable		Yes	
	Resolved in 5 days		Other:	
	Yes			

Action Outcome:	Apology given & accepted	Corrective Action:	Future risk mitigated
	HDC – matter closed		Nil
	HDC – matter open		Policies & procedures updated
	Letter written – matter		Staff education
	Meeting with complainant		Staff informed
	Non-patient issue resolved		Statutory notification
	Other		

Patient/HDC satisfied with outcome of complaint or investigation (if relevant): Yes / No / NA

Name of people giving feedback:

What was done to manage the issue, prevent a recurrence and the lessons learned?



For Management Use Only:

Staff informed of learnings.	Yes	No	Date:
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To (Practice Manager):

Date received:

To (Clinical/Medical Director):

Date received:

To PHO (Procare, if appropriate)

Date Received :

Date Closed (if resolved at a local level):

Date Closed: