

PALMERSTON AND LITCHFIELD SENIORS ASSOCIATION INC. (PLSA)

OF28.1 INCIDENT REPORT

The Management Team Member(s) / Committee Member(s) utilising Form 28.1 – Incident Report MUST refer to By-Laws 3.7.9 to 3.7.10 when completing the form.

List Management Team Member(s) involved with the incident resolution:	
List General Committee Member(s) involved with the incident resolution:	

Name the Visitor(s), Senior(s) or Approved Volunteer(s) involved in the Incident:	<i>Person 1</i> Christian Name:						
	<i>Person 1</i> Surname:						
	<i>Person 2</i> Christian Name:						
	<i>Person 2</i> Surname:						
Date Incident occurred:							
Time Incident occurred:							
Where did the Incident occur?							
Have the Parties previously been involved in incidents (if known)?	<i>Person 1</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Known
	<i>Person 2</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Known
Describe what occurred:							
Where there any Witnesses to the incident?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			

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Witness Names:	Witness 1 <i>Christian Name:</i>	
	Witness 1 <i>Surname:</i>	
	Witness 2 <i>Christian Name:</i>	
	Witness 2 <i>Surname:</i>	
	Witness 3 <i>Christian Name:</i>	
	Witness 3 <i>Surname:</i>	

Each witness completes Form 28.2 – Witness Statement Form - attached to the Incident Report Form.

<p>Detail action taken to resolve the incident by the Management Team Member(s) and / or Committee Member(s):</p> <p>(Explain to visitor(s), senior(s) or Approved Volunteers that the Incident Report Form and Witness Statement(s) will be presented to the President for further discussion at the next Committee meeting. Any further action taken will be conveyed to the Visitor(s)/ senior(s) through the Secretary.</p>		
<p>Signature of Management Team Member(s) involved with the incident resolution:</p>	<i>Signature:</i>	<i>Date:</i>
	<i>Signature:</i>	<i>Date:</i>
	<i>Signature:</i>	<i>Date:</i>
	<i>Signature:</i>	<i>Date:</i>
<p>Signature of General Committee Member(s) involved with the incident resolution:</p>	<i>Signature:</i>	<i>Date:</i>
	<i>Signature:</i>	<i>Date:</i>
	<i>Signature:</i>	<i>Date:</i>
	<i>Signature:</i>	<i>Date:</i>

PLSA ADMINISTRATION

Date Received by President:	_____/2023
Date addressed by Committee Meeting:	_____/2023
Incident Report Number:	