

PALMERSTON AND LITCHFIELD SENIORS ASSOCIATION INC. (PLSA)

INCIDENT REPORT

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.

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| List Management Team Member(s) involved with the incident resolution: | |
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| List General Committee Member(s) involved with the incident resolution: | |
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|---|---|--------------------------|-----|--------------------------|----|--------------------------|-----------|
| Name the Visitor(s), Senior(s) or Endorsed Volunteer(s) involved in the Incident: | Person 1 <i>Christian Name:</i> | | | | | | |
| | Person1 <i>Surname:</i> | | | | | | |
| | Person 2 <i>Christian Name:</i> | | | | | | |
| | Person 2 <i>Surname:</i> | | | | | | |
| Date Incident occurred: | | | | | | | |
| Time Incident occurred: | | | | | | | |
| Where did the Incident occur? | | | | | | | |
| | | | | | | | |
| Have the Parties previously been involved in incidents (if known)? | Person 1 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not Known |
| | Person 2 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not Known |
| Describe what occurred: | | | | | | | |
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PALMERSTON AND LITCHFIELD SENIORS ASSOCIATION INC.

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|---|---|-----|--------------------------|----|
| Where there any Witnesses to the incident? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Witness Names: | Witness1 <i>Christian Name:</i> | | | |
| | Witness 1 <i>Surname:</i> | | | |
| | Witness2 <i>Christian Name:</i> | | | |
| | Witness 2 <i>Surname:</i> | | | |
| | Witness3 <i>Christian Name:</i> | | | |
| | Witness 3 <i>Surname:</i> | | | |

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

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|---|-------------------|--------------|
| Detail action taken to resolve the incident by the Management Team Member(s) and/or Committee Member(s): (Explain to visitor(s), Senior(s) or Endorsed 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. | | |
| Signature of Management Team Member(s) involved with the incident resolution: Signature of General Committee Member(s) involved with the incident resolution: | <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

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|---|------------|
| Date Received by President: | _____/2025 |
| Date addressed by Committee Meeting: | _____/2025 |
| Incident Report Number: | |

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|---|----------------------------|---|--------------------------|
| Form: | OF28.1 | Incident Report | Version 1.8 |
| Updated: 01 January 2025 | Updated By: Public Officer | Review Date: 31 January 2026 | Approved: PLSA Mgt. Team |
| PLSAAdministration Update 2025/Operation Forms 2025 | | Palmerston and Litchfield Seniors Association Inc. (PLSA) | |