

# Incident/Accident Reporting Form

This form is to be used for all forms of incidents that occur at or concerning The Lakes Church.



Incident     Injury     Safe Ministry/ Sensitive

<b>Event Name</b>			
<b>Reporter's Name</b>		<b>Ministry Role (if applicable)</b>	
<b>Reporter's Contact Details</b>	<b>Phone Number:</b>		<b>Email:</b>
<b>Name of Person Involved/ Injured</b>			
<b>Date and Time of Incident</b>			
<b>Details of the Incident (please provide a narrative of what happened)</b>			
<b>Location of the Incident</b>			
<b>Witnesses to the Incident</b>			
<b>What Response or Assistance was Immediately Provided?</b>			
<b>Recurring Incident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		

## TRIAGE

<b>URGENT</b> (Immediate first aid, calling 000 for medical or safety attention)	<b>CRITICAL INCIDENT</b> (Notify Senior Pastor. Proceed to critical incident response plan)
<b>HIGH</b> (Incident form completed within 48 hours)	<b>MODERATE</b> (Incident form completed within 7 days)

*Once the form is completed, please submit to The Lakes Church Office ([office@thelakes.net.au](mailto:office@thelakes.net.au)). If it is Safe Ministry related or sensitive incident, the form can be given to a member of the Safe Ministry Working Group (Matt Stubbs, Josh Mason, Jo Ham, Mel Clement, Angela Gezimati) or a Pastor.*

**FOR NOMINATED PASTOR OR DELEGATE ONLY**

<b>Name of Nominated Pastor or Delegate</b>	
<b>Action Taken</b>	
<b>Recommendations</b>	
Has a consultation occurred with a member of the Safe Ministry Working Group or WHS Officer? <input type="checkbox"/> N/A <input type="checkbox"/> Yes - please provide name:	
Have other parties been notified? (e.g. Insurance, DCJ, Police, RCU, SafeWork NSW) <input type="checkbox"/> N/A <input type="checkbox"/> Yes - please specify:	
<b>Outcome and Follow-up</b>	
<b>Report Completed by</b>	<b>Signature of Pastor/ Delegate:</b> _____ <b>Date:</b> _____

**FOR OFFICE USE ONLY**

<b>Incident Number</b>	
<b>Has the Incident been Registered?</b>	<input type="checkbox"/> Yes _____ <b>Date:</b> _____
<b>Report Submitted to Admin Committee by</b>	<b>Name:</b> _____ <b>Signature:</b> _____ <b>Date:</b> _____