

## Complaint / Incident / Adverse Event Reporting Form

***Investigation & Recommendation***

**INCIDENT / ACCIDENT REPORT**

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| **Manager/Investigator’s name** | **Work Location** | **Date report received** |

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| **Type of incident** Process/procedure error System failure Policy breach Complaint H&S Other |

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| **How serious was the incident/outcome or possible outcome?** Very Serious Serious Minor Near Miss  |
| **What is the chance of it happening again?** Very likely Possible Unlikely |

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| Investigation of Incident |
| **What happened?** |
| **Initial response** |
| **Further action required** Yes No(if yes give details and name of person responsible)   |

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| **Outcome of incident investigation** **(Confirm details, list any additional information, identify contributing factors)** |

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| --- | --- | --- |
| **Recommendations to prevent similar incident** | By (name) | By (date) |

|  |  |  |
| --- | --- | --- |
| **Do any policies need to be updated?**(e.g. new process identified or changes needed to improve process) |  No |  Yes |

|  |  |  |
| --- | --- | --- |
| **Does the training programme need to be updated?**(if so review) |  No |  Yes |

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| --- | --- | --- |
| **Did this incident cause an outcome, requiring notification to a professional body or compliance board?** If so follow process and record contact with that body and date/time of notification. |  No |  Yes |

**Manager sign-off**

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| --- | --- | --- |
| Name | Position | Date |

**Present at AMC Management Meeting**

|  |  |  |
| --- | --- | --- |
| Date of Mtg | Action Agreed  | Review Date |

***For all Adverse Event reporting, please refer to Severity Assessment Code rating and triage tool. Copy in GP Docs and Reception Folder – ‘Incident Report Forms and Complaints’.***