

Supplement 2

NOTIFICATION OF INCIDENT/ACCIDENT OR NEAR MISS

Customer's name:

Date of Birth:

Date of incident:

Time of incident:

Details of incident and any extenuating circumstances:

Action taken by staff member:

Staff Name filling in form

Staff Signature

Team Leader/Manager Signature.....

Date Form Completed.....

Copy to file

Copy to Service lead

Cont overleaf

Supplement 2 (cont)

Acton taken by manager/team leader:

Outcome for Service User

Team Leader/Manager Signature.....

Date Form Completed.....

Copy to file

Copy to Service lead