

**Incident Report**

**Date:**

**Submitters Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Circle)**

Swimmer Parent/caregiver Staff member Club/Swim Otago

Designation Designation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident Report**

* Date \_\_\_\_\_\_\_\_\_\_\_
* Time \_\_\_\_\_\_\_\_\_\_\_ Before training During training After training

**(Circle)**

At a Meet Not relevant

* Location/Venue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Persons Involved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nature of Incident, Circle)**

|  |  |  |  |
| --- | --- | --- | --- |
| Physical Injury/Medical Event | Behavioural | Non Injury | General Complaints |
| First Aid Administration  Medical treatment required  Other | Verbal Abuse  Discrimination  Harassment  Bullying  Ridicule  Exclusion  Non-cooperation  Other | Loss/damaged property  Theft  Other |  |

**Description of Incident** (Who, What, When, How)

**Contributing Factors:**

**Witnesses:**

**Describe what action (s) have been taken since incident.**

**Who have you communicated to about the incident?**

Parents/caregivers Coach(s) Administration Pool Management Other

**(circle)**

**Has there been an opportunity between parties involved to discuss and resolve issue?** **YES / NO**

**Has counsel and clarification of situation between parties identified and resolved the issue?** **YES / NO**

**If yes, what is the mutually agreed follow up plan and corrective action to be taken**?

***All the above facts are a true and accurate record of accident/incident and by signing this document, I acknowledge I have read and understand the information contained herein.***

**Signed**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**­­­­­­­­­­­­­­

**Referral to Board YES / NO**

**Determine Nature/establish cause of incident**

|  |  |
| --- | --- |
| General DSCB Managerial Issue | Health & Safety/Discipline/Child Protection |
| Breach Swimmer Code of Conduct | Breach Coach Code of Conduct |

**Other**

**Opportunity for improvement/timeframe**

|  |  |  |  |
| --- | --- | --- | --- |
| Corrective Action to be taken | Person Responsible  (all names) | Due date | Date completed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ACTION TO BE TAKEN:**

Meeting with Board Verbal Warning Written Warning

Suspension Dismissal