

Instructions

Use this report to notify the National Injury Insurance Agency, Queensland (NIISQ Agency) of a serious incident involving a NIISQ participant, which has occurred or alleged to have occurred in connection with the provision of treatment, care and support services by a service provider funded under the *National Injury Insurance Scheme (Queensland) Act 2016* (NIISQ Act).

Once completed, this report should be **emailed to the NIISQ Service Delivery Partnerships team via serviceprovider@niis.qld.gov.au**

Part A: Participant				
Participant name				NIISQ case number
Address				
	City/suburb			
	State		Postcode	
Date of birth		Contact phone/email		
Participant family/guardian notified (if applicable):				
Yes No				
If family/guardian has not been notified, please explain why or/and when:				
Part B: Provider				
Business trading name				
Person completing the report (full name)				
Position				
Phone				
Email				
Service impacted e.g. <ul style="list-style-type: none"> • attendant care, and support • physiotherapy • community access, etc. 				

Part C: Incident details			
Date of incident		Time of incident	
Date incident identified		Time incident identified	
Place incident occurred e.g. shopping centre, doctors' surgery, etc.		Address where incident occurred	
Name of staff witnessing incident		Position title	
AHPRA registration details (if applicable)			
Incident type	Death of a participant	Serious illness or injury of a participant	
	Violence towards, or abuse, or neglect of a participant	Unlawful sexual or physical contact with, or assault of, a participant	
	Sexual misconduct committed against, or in the presence of, a participant, including grooming of the participant for sexual activity	Use of a restrictive practice in relation to a participant, other than where the use is in accordance with an authorisation (however described) of a State or Territory in relation to the participant	
	Other		
Describe the incident and the immediate response of staff			

What is the participant's recollection of the incident?	
Names and contact information of any other witnesses to the incident	
Have the Human Rights of the participant been impacted because of the incident and if so how?	No
	Yes
Were any Restrictive Practices utilised due to the incident?	No
	Yes

Part D: Other areas informed of incident

Line Manager/CEO informed	Yes	No	
Name of person contacted			
Position of person contacted			
Emergency services contacted	Yes	No	
	Police	Ambulance	Fire
	Other e.g. SES, Child Safety, or other government agencies		
	Coroner	Yes	No

Part E: Supervisor report

Business trading name			
Person completing the report (full name)			
Position			
Phone			
Email			
What action/s have been taken and what follow-up actions will be taken in response to the incident			
Date of completion		Signature	

Please email the completed form to the Service Delivery Partnerships Team at serviceprovider@niis.qld.gov.au

Privacy

This report seeks to collect serious incident information – including personal information – for the purpose of assisting the NIISQ Agency in performing its functions under the *National Injury Insurance Scheme (Queensland) Act 2016*.

Further information

Further guidance on types of serious incidents, serious reporting requirements for providers funded under the NIISQ and information about how the NIISQ Agency may use the information provided in this report to respond to serious incidents see: *NIISQ Provider guideline: reporting serious incidents* and *NIISQ Provider guideline: positive behaviour supports*, which can be found on the [NIISQ website](#).

 1300 607 566