

Office Use:

Incident Report No..... Secretary.....

Date entered into Log.....

INCIDENT REPORT

PERSON REPORTING

Member/Non Member.....

Full name..... Business Name

Phone number Email Address.....

Details of Incident

.....

 (please provide additional pages if required)

Suggested Action

.....

 (please provide additional pages if required)

Signature of Complainant..... **Date**

OFFICE REVIEW

1. INCIDENT EVALUATION

Is there a guideline relative to Incident	Yes / No	If yes Guideline No.....
Does it warrant creation/modification of guidelines	Yes / No	If yes will require board meeting
Was there any health risk or threat to anyone	Yes / No	If yes requires 24hr action

2. RATE THE RISK

EXTREME <input type="checkbox"/>	HIGH <input type="checkbox"/>	MODERATE <input type="checkbox"/>	LOW <input type="checkbox"/>
Response time 24hrs	2 week	1 months	Nil action

3. ACTION AND IMPLEMENTATION

.....Responsible.....
Expect Comp.....
Date Comp.....

BOARD REVIEW

Chairman Review Comments.....

 Action Plan required Yes / No Responded to Complainant.....
 Action Plan Number Date of Response.....