

## REPORTABLE INCIDENT FORM

This form is to notify GCPHN of a Reportable Incident. Please email the completed form to your key contact at GCPHN.

**PRIORITY 1  
REPORTABLE  
INCIDENT**  
(WITHIN 1  
WORKING DAY)

**The incident is one that:**

- ☐ Caused or could reasonably have been expected to cause, a consumer physical or psychological injury and/or discomfort that requires medical or psychological treatment to resolve, or
- ☐ Where there are reasonable grounds to report the incident to the police, or
- ☐ That is an unexpected death of a service user, or
- ☐ Allegations of medical misconduct, or
- ☐ Involving unlawful sexual contact or inappropriate sexual conduct

**PRIORITY 2  
REPORTABLE  
INCIDENT**  
(WITHIN 3  
WORKING DAYS)

**The incident is:**

- ☐ Allegations of professional misconduct
- ☐ Breaches of clinical, professional or regulatory standards
- ☐ Unlawful activity by the Service Provider or a member of staff
- ☐ Activity which is contrary to the specified or expected standard of service provision

**OTHER:**

Is the incident suspected fraud, misconduct or other reportable concerns? You are not required to complete this form and can use the links provided, where relevant.

- **Complaint** means grievances, shortcomings, issues or dissatisfaction with services provided in accordance with the GCPHN Complaints Management Procedure. Complaints are dealt with under the Complaints Management Procedure. These can be lodged using the online form [Complaints and Feedback - Gold Coast Primary Health Network](#)
- **Whistleblower** means a person who reports wrongdoing such as fraud, corruption, or serious misconduct in accordance with GCPHN's Whistleblower Management Policy and Procedure. Whistleblower notifications are managed under the [Whistleblower Management Policy and Procedure](#). These can be lodged using the online form [Whistleblower Report](#).

**Note:** Notifiable Incidents must also be reported to WorkSafe Queensland. **Notifiable incident** refers to an incident as detailed under relevant Queensland work health and safety laws.

**Details of the contracted organisation notifying of the incident**

**Legal name**

**Trading name**

**ABN**

**Business address**

**Business email  
address**

Notifier's details	
Name	
Position at workplace	
Contact details	Email:
	Phone Number:
Is this the person who should be contacted for further information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, please provide name and contact details of the appropriate person <b>below</b> should further information be required)</i>
Name	
Position at workplace	
Contact details	Email:
	Phone Number:
Incident details	
Date of incident	
Address/Location of incident	
Time of incident	
Description of incident	<i>Please provide de-identified details of the incident, including who was involved and who was notified.</i>
<b>As per GCPHN Reportable Incident Procedure, the contracted organisation must:</b>	<ul style="list-style-type: none"> <li>Undertake a review of contributing factors to the reportable incident and implement identified actions to mitigate the risk of the incident occurring in the future.</li> <li>Communicate to GCPHN a summary of learnings and actions within 10 business days via email.</li> </ul>

#### DOCUMENT CONTROL

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