

## Name of Peer Support Group:

To be completed and submitted to Musculoskeletal Health Australia AT THE TIME OF THE INCIDENT.

**Please note: An incident is an adverse event such as a physical injury, a financial loss or property damage or loss.**

<b>CONTACT INFORMATION</b>	
Date of incident	
Location	
Time	
Injured person/s Name	
Address	
Phone	
Email	
<b>INCIDENT DETAILS</b>	
Details of injuries	
Describe incident (what happened)	
Conditions at the time of the incident	
Detail action/s taken and by whom	
<b>WITNESS INFORMATION</b>	
Witness Name	
Witness Address	
Witness Email	
Witness Phone	
<b>REPORTING</b>	
Was MHA notified	
Date of Notification	
MHA Staff Member contacted	

Details of person submitting Incident Report

Name:

Address:

Email

Phone

Signature

Date

**Please return completed incident report to:**

**Musculoskeletal Health Australia**

**PO Box 130 CAUFIELD SOUTH VIC 3162**

**or**

**[info@muscha.org](mailto:info@muscha.org)**

Following receipt of the incident report, the matter will be investigated, and a response provided included any further action that needs to be taken.