Event Reporting Form

Complete this form in the event of a health and safety, privacy or complaint issue that occurs which impacts a client or provider in relation to the delivery of a contracted rehabilitation service or to a staff member while at work, or to a contractor/visitor at NSO site.

Event Details

Date | Time | Location

Does this event relate to

- [ ] Health and Safety
- [ ] Complaint
- [ ] Privacy
- [ ] Other

Does this affect

- [ ] the Client
- [ ] the Provider
- [ ] Employee
- [ ] Other

Describe the event

What action was taken?

What is your proposed action plan to manage this event and prevent further events of this nature occurring?

What has been the impact of the event on all parties?

What in your opinion was the cause of the event?

Client details

Client name (if known)

NHI number (if known)

Provider details

Provider name

Provider signature

Date

Please email Health and Safety events to **healthandsafety@nso.activeplus.co.nz**

Please email all other events to **headoffice@nso.activeplus.co.nz**