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| Department Communities Tasmania  disability and community services | Tasmanian Government Logo Tasmanian tiger walking through bush |

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| **CONFIDENTIAL**  **DISABILITY AND COMMUNITY SERVICES**  **ALLEGATIONS OF ABUSE ALERT (AAA)**  **FORM 1** |

**Name and details of Individual Person or Organisation reporting the allegation**

| Individual or Organisation Name: |  |
| --- | --- |
| Address: |  |
| Phone: |  |

**Contact Person in Organisation reporting the allegation**

| Name: |  |
| --- | --- |
| Address: |  |
| Phone: |  |

**Name and details of clients involved in the allegation**

| Name: |  |
| --- | --- |
| Date of Birth: |  |
| Address: |  |
| Phone: |  |

**Name and details of Organisation where the alleged abuse occurred (If different to above)**

| Name of Organisation: |  |
| --- | --- |
| Address: |  |
| Contact Person: |  |
| Phone: |  |

**1. What is the nature of the alleged abuse?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phsyical |  | Financial |  | Neglect |  |
| Psychological |  | Sexual |  | Other |  |

|  |
| --- |
| **Description of Alleged Incident(s)** |

**2. Please describe how the alleged abuse was discovered (include date and times).**

|  |  |
| --- | --- |
| Date(s) |  |
| Time(s) |  |
| **Details** | |

**3. Please describe any physical injuries that the client(s) received as a result of the alleged incident(s).**

|  |
| --- |
| **Details** |

**4. What immediate action has been taken in response to the allegation?**

**(Please include the time when police, doctor, advocate or next-of-kin were contacted and when they arrived and what support has been provided to other clients who may have witnessed the alleged abuse)**

|  |
| --- |
| **Details** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5. Has the alleged abuse been referred to Tasmania Police?** | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6. Is the allegation the subject of a Tasmania Police investigation?** | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7. Has information about advocacy support been provided to the alleged victim, family member / carer?** | Yes |  | No |  |

| **Name of Organisation or Advocate:** |  |
| --- | --- |
| **Contact Details:** |  |

**8. What action does your organisation/service intend to take to manage the situation and prevent the recurrence of the alleged abuse?**

|  |
| --- |
| **Details** |

**TO BE COMPLETED BY DCS:**

**Received by:**

| Name: |  |
| --- | --- |
| Area Manager: |  |
| Date: |  |

**Received by:**

| Name: |  |
| --- | --- |
| Community Partnership Team Manager: |  |
| Date: |  |

**Please ensure all sections in this form are completed and return to the Area Manager, Disability Services in your area as listed below.**

| Area | Address | Telephone | Email |
| --- | --- | --- | --- |
| North | 11 Cameron Street, Launceston 7250 | 6777 1060 | [disnorth@dhhs.tas.gov.au](mailto:disnorth@dhhs.tas.gov.au) |
| South | Woodhouse Building, St John’s Park New Town 7009 | 6166 1127 | [disability.south@dhhs.tas.gov.au](mailto:disability.south@dhhs.tas.gov.au) |
| North West | 2nd Floor, Parkside, Brickwell Street Burnie 7320 | 6477 7609 | [disability.northwest@dhhs.tas.gov.au](mailto:disability.northwest@dhhs.tas.gov.au) |

**AREA MANAGER IF THIS INVOLVES A RESTRICTIVE PRACTICE PLEASE FORWARD A COPY OF THIS FORM TO THE SENIOR PRACITIONER**