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| Department Communities Tasmaniadisability 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).**

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| --- |
| **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  |
| South  | Woodhouse Building, St John’s ParkNew Town 7009 | 6166 1127 | disability.south@dhhs.tas.gov.au |
| North West | 2nd Floor, Parkside, Brickwell StreetBurnie 7320 | 6477 7609 | 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**