**General Service Board of Alcoholics Anonymous Australia**

**CONFIDENTIAL**

**Incident Report Members**

**ANY CRIMINAL ACTIVITY SHOULD BE REPORTED TO THE POLICE IMMEDIATLEY AND NOTED AT POINT 6 ON THIS FORM**

**This form refers to Safety Incidents that occur in the course of AA activities, such as Groups, Meetings and Events. Most incidents are minor and can be resolved at a Group Conscience.**

Use this form to report incidents including:

* Accidents;
* Injuries;
* Sexual harassment, bullying or abuse;
* Threats of, or actual violence, verbal, emotional or social abuse;
* Cultural or identity abuse, such as racial, sexual or gender-based discrimination or hate behaviour;
* Coercion and exploitation;

If possible, a report should be completed within 24 hours of the event

Date of Report: [DATE]

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| 1. **PERSON INVOLVED** |

Full Name: [NAME]

GROUP/MEETING: [NAME]

Phone: [PHONE NUMBER] E-Mail: [E-MAIL ADDRESS]

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| 1. **THE INCIDENT** |

Date of Incident: [DATE] Time: [TIME]  AM  PM

Location: [LOCATION]

Meeting/Event/AA Activity

Describe the Incident: [DESCRIBE THE INCIDENT]

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| 1. **INJURIES** |

Was anyone injured?  Yes  No

If yes, describe the injuries: [DESCRIPTION OF INJURIES]

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| 1. **WITNESSES** |

Were there witnesses to the incident?  Yes  No

If yes, enter the witnesses’ names and contact info: [NAMES OF WITNESSES]

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| **5. ACTION TAKEN** |

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| **6. POLICE / MEDICAL / OTHER EXTERNALSERVICES IF APPLICABLE** |

Police Notified?  Yes  No If yes, was a report filed?  Yes  No

Was medical treatment provided?  Yes  No  Refused

If yes, where was medical treatment provided?  On site  Hospital  Other: [OTHER]

Other services  Yes  No If yes, Add details

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| **7. PERSON FILING REPORT** |

Full Name: [NAME]

GROUP/MEETING: [NAME]

Phone: [PHONE NUMBER] E-Mail: [E-MAIL ADDRESS]

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| --- |
| **GSO USE ONLY** |

Report received by: [NAME] Date: [DATE]

Action Taken: DESCRIBE]

Follow-up action taken:  Yes  No

[Describe]

Evaluation of how Incident was handled: