

## Incident/Hazard Report- Includes sexual assault/sexual harassment (SASH) reports

All incidents and injuries (incl. near misses) must be reported to your Campus Manager, line manager or teacher immediately or as soon as practicable.

Please note: the above is not applicable for SASH incidents where anonymity is required.

Please send completed form to [safe@kaplan.edu.au](mailto:safe@kaplan.edu.au)

### 1. Details of person making this entry:

Are you reporting on behalf of yourself or someone else?    Myself / a friend / colleague / other

Does this involve anyone under the age of 18?    Yes / No / Unsure

What is your connection to Kaplan?    Employee / Student / Contractor / Visitor / Other

### 2. If an Injury, complete the following, otherwise move straight to section 3.

Please note this section is optional for sexual assault/sexual harassment incidents

Name of Injured person/victim:

Phone number:

Email:

Person type:    Employee / Student / Contractor / Visitor / Other

### 3. Please provide details about the incident/hazard:

Date of incident/hazard:

Time of Incident/hazard:

Incident/hazard location:

Relevant Kaplan Business:    KP / KBS / KIL / KA / MIT / UoAC / RM / Shared Services (Please select)

Description of what happened

(If you don't feel comfortable writing it all here- that's okay, we can contact you to discuss. Let us know!).

Who was involved; provide full name(s) and those that witnessed the incident? Provide their contact details.

What treatment was required for the injury/illness? Please circle

1. No Treatment / 2. First Aid Treatment / 3. Medical treatment (Doctor, emergency/outpatient, physiotherapist or other) / 4. Hospital admission/inpatient / 5. Hazard report

Any other information:

**4. Incident/hazard details: tell us what happened. Select all that apply**

- What best describes the situation you are reporting?
- Slip, trip or fall
  - Manual handling and ergonomics
  - Hit by moving object
  - Plant & equipment
  - Security
  - Emergency response
  - Personal medical condition
  - Exposure to hot/cold
  - Food borne illness
  - Workload/Fatigue
  - Assault or threats
  - Harassment, bullying, intimidation or discrimination
  - Sexual assault, or a sexual offence
  - Sexual harassment
  - Stalking
  - Concerns about someone's mental health or welfare
  - Not sure, or other unacceptable or concerning behaviour
  - Other \_\_\_\_\_

- What was the injury outcome?
- Muscular disorder (tendonitis, bursitis, synovitis, carpal tunnel)
  - Sprains and strains
  - Broken bone, fracture or dislocation
  - Seizure or faint
  - Laceration, cut, abrasion or bruise
  - Burn
  - Infectious disease
  - Respiratory condition
  - Mental Disorder
  - Intercranial injury (incl. concussion)
  - Heart condition
  - Eye injury
  - Deafness
  - Poisoning and toxic effects of substances
  - Skin condition
  - Other \_\_\_\_\_

Name of Person making report: (Can be left blank for sexual assault & harassment)	Signature	Date
Name of Campus manager/line manager/Teacher:	Signature	Date

**Forward completed form to: [Safe@Kaplan.edu.au](mailto:Safe@Kaplan.edu.au)**

**5. Additional Support:**

Contact Lifeworks by Morneau Shepell — Confidential Employee and Student Assistance Program  
 Australia – 1300 361 008 / New Zealand – 0800 155 318 / Outside AUS/NZ – +61 3 9658 0025

Sexual assault and sexual harassment support: Please contact your Campus manager, line manager or first responder for further assistance.

Alternatively send an email to [safe@kaplan.edu.au](mailto:safe@kaplan.edu.au) to request support.