

## 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**

<p>What best describes the situation you are reporting?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Slip, trip or fall</li> <li><input type="radio"/> Manual handling and ergonomics</li> <li><input type="radio"/> Hit by moving object</li> <li><input type="radio"/> Plant &amp; equipment</li> <li><input type="radio"/> Security</li> <li><input type="radio"/> Emergency response</li> <li><input type="radio"/> Personal medical condition</li> <li><input type="radio"/> Exposure to hot/cold</li> <li><input type="radio"/> Food borne illness</li> <li><input type="radio"/> Workload/Fatigue</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Assault or threats</li> <li><input type="radio"/> Harassment, bullying, intimidation or discrimination</li> <li><input type="radio"/> Sexual assault, or a sexual offence</li> <li><input type="radio"/> Sexual harassment</li> <li><input type="radio"/> Stalking</li> <li><input type="radio"/> Concerns about someone's mental health or welfare</li> <li><input type="radio"/> Not sure, or other unacceptable or concerning behaviour</li> <li><input type="radio"/> Other _____</li> </ul>
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<p>What was the injury outcome?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Muscular disorder (tendonitis, bursitis, synovitis, carpal tunnel)</li> <li><input type="radio"/> Sprains and strains</li> <li><input type="radio"/> Broken bone, fracture or dislocation</li> <li><input type="radio"/> Seizure or faint</li> <li><input type="radio"/> Laceration, cut, abrasion or bruise</li> <li><input type="radio"/> Burn</li> <li><input type="radio"/> Infectious disease</li> <li><input type="radio"/> Respiratory condition</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Mental Disorder</li> <li><input type="radio"/> Intercranial injury (incl. concussion)</li> <li><input type="radio"/> Heart condition</li> <li><input type="radio"/> Eye injury</li> <li><input type="radio"/> Deafness</li> <li><input type="radio"/> Poisoning and toxic effects of substances</li> <li><input type="radio"/> Skin condition</li> <li><input type="radio"/> Other _____</li> </ul>
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Name of Person making report: (Can be left blank for sexual assault & harassment)	Signature	Date
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Name of Campus manager/line manager/Teacher:	Signature	Date
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**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.