

## Purpose

Use this form to report the following incidents and grievances:

- Incidents: Injuries, near misses, safety/security concerns, data/privacy breaches, environmental issues, or service outages, etc.
- Grievances: Discrimination, harassment, bullying, retaliation, unfair treatment, wage/scheduling issues, disciplinary disputes, policy violations, ethics concerns, or quality of service, etc.

## Submission Instructions

The primary preferred submission method is via jotform. Alternatively, download the necessary form on our website: <https://www.health.gov.ck/incident-and-grievance-form/> and submit via email to [tmo.helpdesk@cookislands.gov.ck](mailto:tmo.helpdesk@cookislands.gov.ck) or submit form physically to a Supervisor, Manager or Human Resources (HR).

Note: In the event of an emergency, contact emergency services immediately before submitting a report.

## Confidentiality and Commitment

All information provided will be managed confidentially, adhering strictly to TMO policies and applicable regulation and legislation. Reporting an incident or grievance will not lead to discrimination or retaliation. Ensure all sections are completed accurately and honestly to enable a fair and timely assessment.

## A. Report Details

### Name

First Name                      Last Name

### Email

example@example.com

### Address

Street Address

## Phone Number

Please enter a valid phone number.

## Date of incident or grievance

Day      Month      Year      Hour      Minutes

## Location of incident or grievance

Hospital

Tupapa Primary Health Care

Oral Health/Dental

Puna/Clinic

Main Office (Tupapa Rarotonga)

## If Hospital, please specify which Hospital

Rarotonga

Aitutaki

Mangaia

Atiu

Mauke

Mitiaro

Manihiki

Rakahanga

Pukapuka

Tongareva (Penrhyn)

Palmerston

Nassau

## If Puna/ Clinic, please specify which Puna/ Clinic

Tupapa

Nikao

Blackrock

Titikaveka

Matavera

## B. Parties Involved

**Person(s) Involved:**

**Witnesses (If any)**

## C. Classification

Instructions: Tick the item or category that applies to the statement below.

### Primary Classification

- Incident
- Grievance
- Both

### If incident, select type (Tick all that apply):

- Injury
- Near-miss
- Unsafe condition
- Data/privacy
- Security
- Property damage
- Environmental/spill
- Service outage
- Violence/threat
- Other

**If grievance, select type (Tick all that apply):**

- Discrimination
- Harassment/bullying
- Retaliation
- Unfair treatment
- Scheduling
- Discipline dispute
- Ethics
- Quality of service
- Other

**D. Description of What Happened**

**Provide a factual, chronological description:**

**E. Immediate Actions & Harm**

Instructions: Tick the item or category that applies to the statement below.

**Immediate actions taken:**

**Was anyone harmed?**

- No
- Yes

**Please specify**

### **Medical treatment required?**

- No
- Yes
- Hospitalisation
- Fatality
- Other

### **Any ongoing risk?**

- No
- Yes

### **Please describe:**

## **F. Evidence Attached**

If you are filling this out on PDF please attach evidence via email.

### **Evidence**

- Photos/videos
- CCTV
- Documents/Files
- Other

## **G. Impact & Desired Outcome**

**Impact of the incident/grievance:**

**Proposed Desired outcome:**

**Cultural/privacy considerations (if any):**

## **L. Declaration & Consent**

### **I declare and consent:**

I declare the information is true and accurate to the best of my knowledge.

I consent to use of this information for assessment, investigation and resolution in line with TMO policy.

**Signature**

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