

# Incident and Grievance Form

## 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](mailto: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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