

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 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)

Other

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
