**A11**

**Incident Debriefing Record – Member of the Public / Other**

**Appendix 3**

**To be completed by the Manager or Supervisor when contacted by the person**

How did the person make contact e.g. telephone / face to face:

Name of Person:

Address or contact details (if provided):

Status / Role (In relation to the incident):

Names of the other people involved:

Date and time of incident:

Give brief details of the incident (refer to the Health and Safety Form or the M2 Serious incident record Appendix 4), in particular the way in which the person was involved:

Feedback / Comment

How did you feel during the incident?

How do you feel now?

What did you do during the incident?

What further support can I offer you?

By when?

Did you sustain any physical injury as a result of the incident? YES / NO

If YES, provide brief details of the injury:

Did you receive medical attention for the injury? YES / NO

If YES, from whom did you receive attention?

Actions / Follow Up

Actions resulting from the incident / debriefing.

Care Services Team Member:

Position:

Completion Date:

Member of the Public / Other:

Position:

Completion Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Copy to Person: