CLIENT INCIDENT SUMMARY REGISTER **UNIT**: _____ **CLIENT NAME:**_____

(Complete a separate Summary Register for each individual client)

Use more than one line if need to list critical events/actions including assault, self injury, abuse, property damage and other critical events and behaviours.

Copy held at Unit and updated copy sent to Global head office.

DATE	*TIME*	*INCIDENT DURATION*	*INCIDENT TYPE*	*CRITICAL BEHAVIOURS/ACTIONS*	*STAFF MEMBER*