



**TITLE:** Southern Indiana Works Incident Reporting

**ISSUE DATE:** October 1, 2008

**REVISED DATE:** July 1, 2011

### **Purpose**

The purpose of this policy is to provide staff direction regarding reporting of incidents that impact the health or security of WorkOne staff of clients, as well as liability issues of Southern Indiana Works.

### **Required Action**

All Southern Indiana Works Staff must adhere to this policy.

### **Background**

The Region 10 Chief Elected Official is the grant recipient of the Workforce Investment Act (Title I) funding on behalf of Southern Indiana Works. Southern Indiana Works is required to comply and enforce Federal Regulations and DWD policies regarding the WorkOne Service System.

### **Contents**

When issues or incidents arise at a WorkOne or WorkOne Express location, a report must be written to provide management documentation for security and risk management/ insurance issues. Staff are required to report issues of the following nature to the Southern Indiana Works Office:

1. Health related incidents impacting a client or staff member that occur on WorkOne Premises;
  2. Security related incidents impacting safety of staff and/or clients that occur on WorkOne Premises;
  3. Incidents regarding the theft, destruction, or demise of WorkOne Property.
-

WorkOne staff involved in the incident must complete the attached Incident Report and send it to the Southern Indiana Works Office, Attention Jackie James. A copy of the report must also be provided to the immediate supervisor of the staff member completing the form.

The form must include detailed contact information on the person(s) involved in the incident, a clear detailed description of the incident, as well as the actions taken.

### **Additional Information**

Questions regarding the content of this publication should be directed to the Operations Manager, Jacqueline James at (812) 941-6422 or [jjames@workoneregion10.com](mailto:jjames@workoneregion10.com).

### **Attachments**

A- WorkOne Incident Report

---



# WorkOne Incident Report

Attention: Jackie James  
Southern Indiana Works

WorkOne Office:	Address/Phone:
-----------------	----------------

Printed Name of Person Involved:	
----------------------------------	--

Occurrence:			Medical Attention Needed <input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	Time:	Site:	

Status: Person Involved Was: (Please place a check in one square below in front of the statement which best describes the individual involved in the accident.)

Client enrolled – Birth Date:    /\_\_\_/\_\_\_    Name/Address of Client \_\_\_\_\_

Staff (Title) \_\_\_\_\_

Visitor \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer \_\_\_\_\_

Property – Describe: \_\_\_\_\_

Description of (incident):

---



---



---

Action(s) taken:

---



---



---

Was injured person treated by a doctor or hospital? Check one.  Yes     No

If yes, enter date of treatment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

---

Hospital Name and Address

---

Signature of Witness \_\_\_\_\_

---

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of Supervisor or Designee \_\_\_\_\_ Date \_\_\_\_\_

---

Printed Name and Phone Number of Staff Reporting \_\_\_\_\_

Distribution: Original: Regional Operator Office  
Copy: Immediate Supervisor of Staff