

volatile substance use

Incident Report Form

If you become aware of an incident of volatile substance use (VSU), please complete the form below providing as much information as possible. Submit the report even if only limited information is available.

Please submit this form to **Pilbara Community Alcohol and Drug Service (PCADS)** via:

Email: VSUPilbara@hopecs.org.au

You may be contacted by PCADS for more information about the incident.

Including names of users and/or family members on this form is optional. You may choose to provide this information verbally when contacted by the PCADS.

| Reporter's details | |
|---|------------------------|
| Name: | |
| Agency: | |
| Contact number: | Date of report: |
| Reporter wishes to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Incident report | |
| Date of incident: | |
| Description of Incident: | |
| Community/location/landmark where the incident occurred: | |
| Home community/location of user/s: | |
| Number of users: | |
| Age and gender of user/s: | |
| Substance/s used (or description if unknown)? | |
| Where/how was the substance/s obtained? | |
| Are you aware of any harm that the sniffing has caused to the user/s or others? (Please outline) | |
| Is there anything that may have triggered this incident? (Please outline) | |

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Classification

Frequency of use:

One off Occasional Regular Heavy Unknown

Over what period have the user/s been sniffing?

Verification

Is the person/s known to the reporter? Yes No

Name/s of users and others involved (optional):

How did you learn about the incident?

Do you know of anyone else who witnessed or has knowledge of the incident?

Contact details:

Response

Has the community responded? If so, what was the response?

Are parents/family members involved in the incident follow up?

Has support been provided to the family? Please describe.

What actions have been taken by agencies to address the issue?

Which agencies, if any, have been contacted?

Police DCP/Crisis Care Health service/Clinic Other (Please outline)

Contact details:

Is additional assistance required? If so, please suggest what this might be.