

*[Please submit to (1) Subventions Branch and (2) the relevant service branch of the Social Welfare Department not more than 3 calendar days (including public holiday) following the special incident.]*

**Subvented Service Units  
Special Incident Report**

To : Subventions Branch

(Fax: 2575 5632 and Email: [suenq@swd.gov.hk](mailto:suenq@swd.gov.hk))

**and**

**(☒ as appropriate)**

☐ Elderly Branch

(Fax: 2832 2936 and Email: [ebenq@swd.gov.hk](mailto:ebenq@swd.gov.hk))

☐ Family and Child Welfare Branch

(Fax: 2833 5840 and Email: [fcwenq@swd.gov.hk](mailto:fcwenq@swd.gov.hk))

☐ Rehabilitation and Medical Social Services  
Branch

(Fax: 2893 6983 and Email: [rehabenq@swd.gov.hk](mailto:rehabenq@swd.gov.hk))

☐ Youth and Corrections Branch

☐ Corrections Section

(Fax: 2833 5861 and Email: [corenq@swd.gov.hk](mailto:corenq@swd.gov.hk))

☐ Youth Section

(Fax: 2838 7021 and Email: [youthenq@swd.gov.hk](mailto:youthenq@swd.gov.hk))

*Special incidents include: (1) unusual death / repeated injury of service user(s), or other incidents resulting in death / serious injury of service user(s); (2) missing of service user(s) requiring police assistance; (3) established / suspected cases of abuse of service user(s) by staff / other service user(s); (4) dispute resulting in physical injury requiring report to the police for assistance; (5) other serious incidents affecting daily operation of the service unit for over 24 hours; and (6) incident drawing public attention or media concern.*

*For subvented service units subject to statutory regulation such as Residential Care Homes for the Elderly, Residential Care Homes for Persons with Disabilities, Child Care Centres or Drug Dependent Persons Treatment and Rehabilitation Centres, please follow the relevant requirements to submit a special incident report to the Licensing and Regulation Branch of the Social Welfare Department, with a copy to the Subventions Branch and the service branch concerned, with no need to complete this form separately.*

**Reporting Unit**

Name of NGO : \_\_\_\_\_

Name of service unit : \_\_\_\_\_

Address of service unit : \_\_\_\_\_

Name of responsible staff : \_\_\_\_\_

Contact telephone no. : \_\_\_\_\_

### **Special Incident**

- (a) Date of incident : \_\_\_\_\_
- (b) Time of incident : \_\_\_\_\_
- (c) Location of incident : \_\_\_\_\_
- (d) Nature of incident : (☒ as appropriate)
- ☐ (1) Unusual death / repeated injury of service user(s), or other incidents resulting in death / serious injury of service user(s)
- ☐ (2) Missing of service user(s) requiring police assistance
- ☐ (3) \*Established / suspected cases of abuse of service user(s) by staff<sup>1</sup>/other service user(s)  
(\* Delete as appropriate)
- Nature of Abuse
- ☐ Physical
- ☐ Sexual
- ☐ Psychological
- ☐ Neglect
- ☐ Others (Please specify: \_\_\_\_\_ )
- ☐ (4) Dispute resulting in physical injury requiring report to the police for assistance
- ☐ (5) Other serious incidents affecting daily operation of the service unit for over 24 hours
- ☐ (6) Incident drawing public attention or media concern
- (e) Reported by media
- ☐ Yes
- ☐ No
- (f) Description of the incident : \_\_\_\_\_

### ***Service User(s) Concerned (if applicable)***

- (a) Service user (1<sup>st</sup>) : Sex \_\_\_\_\_ Age \_\_\_\_\_
- (b) Service user (2<sup>nd</sup> if any) : Sex \_\_\_\_\_ Age \_\_\_\_\_
- (c) Service user (3<sup>rd</sup> if any) : Sex \_\_\_\_\_ Age \_\_\_\_\_

### ***Staff<sup>1</sup> Concerned (if applicable)***

- (a) Staff member (1<sup>st</sup>) : Sex \_\_\_\_\_ Post \_\_\_\_\_
- (b) Staff member (2<sup>nd</sup> if any) : Sex \_\_\_\_\_ Post \_\_\_\_\_
- (c) Staff member (3<sup>rd</sup> if any) : Sex \_\_\_\_\_ Post \_\_\_\_\_

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<sup>1</sup> Staff includes foster parents of Foster Homes and house-parents of Small Group Homes and their family members.

### *Follow-up Actions*

- (a) Reported to police  
☐ Yes (*Date and time of report :* \_\_\_\_\_)  
               (*Police Report Number :* \_\_\_\_\_)  
☐ No (*Remarks :* \_\_\_\_\_)
- (b) Informed family member(s) / relative(s) / guardian / guarantor  
☐ Yes (*Date and time of notification :* \_\_\_\_\_)  
               (*Relationship with the service user(s) :* \_\_\_\_\_)  
               (*Name of the informing staff:* \_\_\_\_\_)  
☐ No (*Remarks :* \_\_\_\_\_)
- (c) Informed relevant service user(s) / staff / referring social worker / other concerned persons  
☐ Yes (*Date and time of notification :* \_\_\_\_\_)  
               (*Relationship with the service user(s) :* \_\_\_\_\_)  
               (*Name of the informing staff:* \_\_\_\_\_)  
☐ No (*Remarks :* \_\_\_\_\_)
- (d) Medical arrangement  
☐ Yes (*Please specify :* \_\_\_\_\_)  
☐ No
- (e) Multi-disciplinary case conference conducted / care plan formulated for the service user(s) concerned  
☐ Yes (*Please specify, with date:* \_\_\_\_\_)  
☐ No (*Remarks :* \_\_\_\_\_)
- (f) Need to respond to concerns / enquiries by external parties (e.g. concern groups, District Council, Legislative Council, etc.)  
☐ Yes (*Please specify :* \_\_\_\_\_)  
☐ No
- (g) Immediate follow-up actions taken, including measures to protect other service users (if applicable)

### (h) Follow-up plan

Prepared by	:	_____	Endorsed by	:	_____
Name	:	_____	Name	:	_____
Post	:	_____	Post	:	_____
Telephone no.	:	_____	Telephone no.	:	_____
Date	:	_____	Date	:	_____