

INFORMATION REPORT

ENTERED

Report Completed By	[REDACTED]		Control Log #:	SCA 14) 715 SCA
Position	Case Worker			
Service Provider	SCA			
Report Date	5/9/2014	Report Time	1:00 pm	
Location	OPC 3-SAFS			
Persons Involved & Description	Service Provider / Asylum Seeker ID	Description / Involvement		
[REDACTED]	[REDACTED]	POI		
[REDACTED]	SCA	WITNESS		

Detail of Information

On 4/9/2014 around 12 PM SCA CW [REDACTED] met with [REDACTED] for the purpose of wellbeing check. [REDACTED] stated to CW that after her self-harm incident she was taken to IHMS at RPC1. [REDACTED] stated that there were two nurses present at IHMS. One of them was holding her left hand and the other one was holding her right hand trying to find her vein. [REDACTED] stated that one of the IHMS nurses was standing next to [REDACTED] in a way that [REDACTED]'s hand was touching his gentile area the whole time. [REDACTED] stated that she is scared if she reports this she would be accused of lying.

- COPY PROVIDED TO IHMS WHO ARE REVIEWING THE ALLEGATION.

Property Loss or Damaged

Signature	[REDACTED]	Date	5/9/2014
-----------	------------	------	----------

Information Report Action

Checklist	Completed By		Date & Time Actioned	Reliability of Source	Accuracy of Data
	Name	Signature			
<input type="checkbox"/> Reviewed by Team Leader	[REDACTED]	[REDACTED]	5/10/14	<input type="checkbox"/> Completely reliable	<input type="checkbox"/> Confirmed by other sources
<input checked="" type="checkbox"/> Reviewed by Supervisor	[REDACTED]	[REDACTED]	5/10 13:36	<input type="checkbox"/> Usually reliable	<input type="checkbox"/> Probably true
<input type="checkbox"/> Control Time Received	[REDACTED]	[REDACTED]		<input type="checkbox"/> Fairly reliable	<input type="checkbox"/> Possible true
<input type="checkbox"/> Referred to Behaviour Management				<input type="checkbox"/> Not usually reliable	<input type="checkbox"/> Doubtful
<input type="checkbox"/> Referred to Intel				<input type="checkbox"/> Unreliable	<input type="checkbox"/> Improbable
<input type="checkbox"/> Referred to IHMS Mental Health				<input type="checkbox"/> Reliability cannot be judged	<input type="checkbox"/> Truth cannot be judged
<input type="checkbox"/> DIBP Advised					

Command: _____ **Remarks:** _____