

Incident Report Form

Please note that this form is to be filled in by the person involved in the incident (where possible) or a witness. Once completed it should be sent to the Office Supervisor for retention. The Office Supervisor will notify the Committee of all reported incidents.

A YOUR DETAILS

York u3a	
Name:	Position:
Email:	Telephone:
Address:	
Postcode:	

B INCIDENT DETAILS

Date of incident:	Time of incident:
Where did the incident occur?	
Please state the reason for the injured person or damaged property being there.	
Please describe the circumstances of the incident <i>Attach a sketch or photograph(s) if appropriate</i>	

C PARTICULARS OF PERSON(S) INVOLVED IN THE INCIDENT
(continue on a blank page if necessary)

Name:	Email:
Address:	
Postcode:	Telephone
Was he/she a member of your York u3a on the date of the incident?	
Name:	Email:
Address:	
Postcode:	Telephone
Was he/she a member of your York u3a on the date of the incident?	

Sections D and E are to be completed for any incident involving injury

D PARTICULARS OF THE INJURED PERSON(S) (continue on a blank page if necessary)

Name:	Email:
Address:	
Postcode:	Telephone
Was he/she a member of your York u3a on the date of the incident?	
Name:	Email:
Address:	
Postcode:	Telephone
Was he/she a member of your York u3a on the date of the incident?	

E DETAILS OF INJURY

Describe the injury/injuries
Immediate action taken
Treatment at the scene
Admission to hospital
Ongoing medical treatment

Section F is to be completed for any incident involving damage to property

F DETAILS OF DAMAGED PROPERTY

Describe damage caused	
Estimated cost of repair or replacement	
Name of owner of damaged property	
Email	Telephone
Address	
	Postcode

The remaining sections are to be completed for all incidents

**G NAME AND CONTACT DETAILS OF ANY WITNESSES TO THE INCIDENT
(continue on a blank page if necessary)**

Name:	Email:
Address:	
Postcode:	Telephone
Name:	Email:
Address:	
Postcode:	Telephone

H DECLARATION

I/We declare that to the best of my/our knowledge and belief all the foregoing particulars are true and correct in all respects	
Signed	Dated