

Incident Report Form

Please note that this form is to be filled in by a member of the committee, a group leader, or the property owner and should be retained on file by FWDu3a committee in case of a claim and for a period of three years even if a claim appears unlikely.

1 Your details

Group name	
Name	
Position	
email	
Telephone	
Address	
Postcode	

2 Incident details

Date of incident	
Time of incident	
Where did the incident occur?	
Please state the reason for the injured person or the damaged property being there	

3 Particulars of the incident

First person/persons involved/injured/affected by the incident and circumstances	
Name:	
Address:	
Telephone:	email:
Was he/she a member of your u3a at the time of the incident?	

Others who witnessed/were involved (continue on a second page as necessary)	
Name	
Address:	
Telephone:	email:
Was he/she a member of your u3a at the time of the incident?	

Succinct details of circumstances – sketch or photograph

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Recommended remedial action to avoid similar incidents

Or

No action required as is unpredictable incident.

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Sections 4 is to be completed for any incident involving injury.

4 Particulars of the injured person(s) (continue on a blank page if necessary)

First person: Name	
Address:	
Telephone:	email:

Was he/she a member of your u3a at the time of the incident?	
Second person: Name	
Address:	
Telephone:	email:
Was he/she a member of your u3a at the time of the incident?	

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

Section 5 is to be completed for any incident involving damage to property

5 Details of damaged property

Description of damage:	
Estimated cost of repair or replacement:	
Name of owner of damaged property:	
Address:	
Telephone:	email:

The remaining sections are to be completed for all incidents

6 Name and contact details of any witnesses to the incident

7 Declaration

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

Signed:

date:

Date of Change:	Changed By:	Comments:
March 2023		Format approved by the Trustees Steering Committee
MARCH 2024	Mo Collins H/S Officer	Changes to sEction3