Incident Report Form

Please note that this form is to be filled in by a member of the committee, a group coordinator, or the property owner and should be retained on file by the U3A committee in case of a claim and for a period of three years even if a claim appears unlikely.

1. Your details

U3A

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 damaged property being there

Please describe the circumstances of the incident
Attach a sketch or photograph(s) if possible

3. 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 U3A on the date of the incident?

Name   Email

Address

Postcode   Telephone

Was he/she a member of your U3A on the date of the incident?

Sections 4 and 5 are to be completed for any incident involving injury.

4. 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 U3A on the date of the incident?

Name   Email

Address

Postcode   Telephone

Was he/she a member of your U3A on the date of the incident?

5. Details of injury

Describe the injury/injuries

Immediate action taken

Treatment at the scene

Admission to hospital

Ongoing medical treatment

Section 6 is to be completed for any incident involving damage to property

6. 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

7. Name and contact details of any witnesses to the incident

8. 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