## Incident report form

## Category: Form

Please note that this form is to be filled in by a member of the committee, a group convenor, 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

|  |
| --- |
|  |
|  |
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|  |
|  |
|  |

## 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 |

|  |  |  |
| --- | --- | --- |
|   | **Doc u3a KMS-FRM-001– Role description – Incident Report Form** |  The Third Age Trust   |
| Version   | Description of changes   | Date  |
| 2.0   | Updated formatting    | 23/11/2021 |
|   |  Updated  |  22/10/2022 |
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