## 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 (or in their absence, a witness to the incident) 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** |   **Alcester**    |
| **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 nessary)

|  |  |
| --- | --- |
| 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 Alcester 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 (continue on a blank page if necessary)

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

Updated May 2023.