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 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	Bishop's Cleeve
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