



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

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 ci	rcumstances 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	<u>-</u>
Was he/she a member of you	r 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

Describ	oe damage caused	
Estimat	ted cost of repair or replacement	
Name o	of owner of damaged property	
Email	Telephone	
Addres	es ·	
	Postcode	
The rem	naining sections are to be completed for all incidents	
7 Naı	me and contact details of any witnesses to	o the incident
7. Ital	The and contact actains of any withesses to	o the moldent
0 D.	Janatian	
	claration	
	eclare that to the best of my/our knowledge and belief all the in all respects.	ne foregoing particulars are true and
Signed		Dated
u3a	Doc u3a KMS-FRM-001- Role description	The Third Are Trace
	- Incident Report Form	The Third Age Trust
Version 2.0	Description of changes Undated formatting	Date 23/11/2021