**Great Glen Oadby & Wigston u3a**

**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.

# Person completing the form

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Email** |  |
| **Telephone** |  |
| **Address** |  |
| **Postcode** |  |

# 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 in the location.** | |
|  | |
| **Please describe the circumstances of the incident**  *Attach a sketch or photograph(s) if possible* | |
|  | |

# Particulars of person(s) involved in the incident

|  |  |
| --- | --- |
| 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? | |

(continue on additional pages if necessary)

*Section 4 is to be completed for any incident involving injury.*

# Details of injury for each person

|  |  |
| --- | --- |
| **Name** |  |
| Describe the injury/injuries |  |
| Immediate action taken |  |
| Treatment at the scene | |
| Admission to hospital | |
| Ongoing medical treatment | |

|  |  |
| --- | --- |
| **Name** |  |
| Describe the injury/injuries |  |
| Immediate action taken |  |
| Treatment at the scene | |
| Admission to hospital | |
| Ongoing medical treatment | |

*Section 5 is to be completed for any incident involving damage to property*

# Details of damaged property

|  |  |
| --- | --- |
| Describe damage caused | |
| Estimated cost of repair or replacement |  |
| Name of owner of damaged property |  |
| Email | Telephone |
| Address |  |
|  | Postcode |

*These sections are to be completed for all incidents*

# Name and contact details of any witnesses to the incident

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

# 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 |

Form Agreed February 1 2021

Review Date February 2022