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.

1 Person completing the form

Name

Position

Email		
Telephone		
Address		
Postcode		
2 Incident details		
Date of incident		
Time of incident		
Where did the incident occur?		
Please state the re the location.	ason for the injured person or damaged property being in	
Please describe the circumstances of the incident Attach a sketch or photograph(s) if possible		

3 Particulars of person(s) involved in the incident

Name	Email
Address	
Postcode	Telephone
Was he/she a member of your u3a on the	e date of the incident?

Name	Email
Address	
Postcode	Telephone
Was he/she a member of your u3a on the	e date of the incident?

(continue on additional pages if necessary)

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

4 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

5 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

Review Date February 2022

6	Name and contact details of any witnesses to the incident
7	Declaration
	We declare that to the best of my/our knowledge and belief all the foregoing articulars are true and correct in all respects.
S	igned Dated
Fo	orm Agreed February 1 2021