



### **Incident report form**

## **Category: Form**

Please note that this form is to be filled in by a member of the committee, a group leader/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

u3a	Harrogate
Name	
Position	
Email	
Telephone	
Address	
Postcode	

#### 2. Incident details

Date of incident	
Time of incident	
Where did the incident occur?	
Please state the reaso	n for the injured person or damaged property being there
	rcumstances of the incident
Attach a sketch or photo	ograph(s) if possible





# 3. Particulars of person(s) involved in the incident (continue on a blank page if necessary)

Name	Email	
Address		
Postcode	Telephone	
Were they a member of your u3a on the date o	the incident?	
Name	Email	
Address		
Postcode	Telephone	
Were they 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	
Were they a member of your	u3a on the date of the incident?	
Name	Email	
Address		
Postcode	Telephone	
Were they 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	
, (44, 555	Destanda
	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	

	Doc u3a KMS-FRM-001– Role description – Incident Report Form	The Third Age Trust
Version	Description of changes	Date
2.0	Updated formatting	23/11/2021