### **Incident report 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

U3A	
Name	
Position	
Email	
Telephone	
Address	
Postcode	
2 Incident	details
Date of incident	
Time of incident	
Where did the	
incident occur?	
	on for the injured person or damaged property being there
	on 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

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

	incident
8	Declaration
	le declare that to the best of my/our knowledge and belief all the foregoing ticulars are true and correct in all respects.
Sig	ned Dated