

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.

A YOUR DETAILS

U3A	
Name	Position
Email	Telephone
Address	
Postcode	

B 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 circumstances of the incident <i>Attach a sketch or photograph(s) if appropriate</i>	