## Incident report form

## Category: 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?** |  |
| **Please state the reason 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 | |
| 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*

## 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 |
|  |  | |  |
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|  |  | |  |