INCIDENT REPORT FORM

TO BE COMPLETED BY EITHER A MEMBER OF STAFF OR THE RESPONSIBLE PERSON WITHIN 12 HOURS OF THE INCIDENT/ACCIDENT.

Reported By: ..... **Date:** .....
Address:.....
.....
Telephone Number: .....

DETAILS OF THE INCIDENT
Type of Incident:

☐ Injury ☐ Damage ☐ Near-miss

Time of incident..... **Date of incident**.....

Details of incident including the name, age, gender, address and contact number of those involved. If the incident involves an injury please be specific. If the incident involves a child then please record their parent/guardians details too. You may continue on a separate page if required.

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Were the authorities involved/notified?*

☐ Ambulance ☐ Hospital ☐ Doctor ☐ Police

Were you give a Crime Reference No? CRO No:.....
Was First Aid administered? If so, by whom? .....
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*In the event that the Authorities were involved, please supply the Names, Addresses and Telephone No's of any witnesses.