

## INCIDENT REPORT FORM

<b>Event Leader:</b>		<b>Contact Number:</b>	
<b>Details of Event:</b>			
<b>Name of person involved:</b>		<b>Date of Birth:</b>	
<b>Date of Incident:</b>		<b>Time:</b>	
<b>Place of Incident:</b>			
<b>Circumstances of Incident:</b> <i>(continue on separate sheet if necessary)</i>			
<b>Names of those present at the incident:</b>			
<b>Nature of Harm:</b>			
<b>Treatment Given:</b>			
<b>Reported to Whom:</b>			
<b>Other Action Taken:</b>			
<b>Signed:</b>		<b>Date:</b>	
<b>Printed Name:</b>		<b>Position:</b>	

**THIS FORM MUST BE FORWARDED TO THE SAFEGUARDING COORDINATOR**

Children: to be retained for DOB + 25 years

Adults: to be retained for 3 years