

INCIDENT REPORT FORM

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

THIS FORM MUST BE FORWARDED TO THE SAFEGUARDING COORDINATOR

Children: to be retained for DOB + 25 years

Adults: to be retained for 3 years