

Incident Report Form

A Committee member, Group Co-ordinator, or the property owner should complete this form, which 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.

You only need to complete sections relevant to any incident

1. Your details

Name and position	Committee/GC/Property owner
Phone and email	
Address	

2. Incident details

Date and 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 (sketch or photo may be helpful)	

3. Details of person(s) involved in the incident *(continue on a blank page if necessary)*

Person 1	Involved/Injured/Witness
Name	
Phone and e-mail	
Address	
Was he/she a member of your U3A on the date of the incident? Yes/No	
FOR ANY INJURED PERSON ONLY	
Describe any injuries	
Immediate action/treatment taken	
Admission to hospital/ongoing medical treatment	

Person 2 Involved/Injured/Witness
Name
Phone and e-mail
Address
Was he/she a member of your U3A on the date of the incident? Yes/No
FOR ANY INJURED PERSON ONLY
Describe any injuries
Immediate action/treatment taken
Admission to hospital/ongoing medical treatment

Person 3 Involved/Injured/Witness
Name
Phone and e-mail
Address
Was he/she a member of your U3A on the date of the incident? Yes/No
FOR ANY INJURED PERSON ONLY
Describe any injuries
Immediate action/treatment taken
Admission to hospital/ongoing medical treatment

4. Details of any damaged property

Describe damage caused
Estimated cost of repair or replacement
Name of owner of damaged property
Property owner's home and email
Property owner's address

5. 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	Date