

Incident Report Form

This form is to be filled in by a member of the committee, a group convenor, or the property owner and should be returned to the Secretary and 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.

A. YOUR DETAILS

U3A	Heath U3A - Lincoln		
Name		Position	
Email		Phone	
Address			
		Postcode	

B. INCIDENT DETAILS

Date of incident:	Time of incident:
Where did the incident occur:	
State the reason for the person or damaged property being there:	
Describe the circumstances of the incident: <i>Attach a sketch or photographs if appropriate</i>	

C. PARTICULARS OF PERSON(S) INVOLVED IN THE INCIDENT (continue on a blank page if necessary)

Name 1		Was he/she a member of your U3A on the date of the incident?:	
Email		Phone	
Address			
		Postcode	

Name 2		Was he/she a member of your U3A on the date of the incident?:	
Email		Phone	
Address			
		Postcode	

Sections D and E are to be completed for any incident involving injury.

D. PARTICULARS OF THE INJURED PERSON(S)
(continue on a blank page if necessary)

Name		Was he/she a member of your U3A on the date of the incident?:	
Email		Phone	
Address			
		Postcode	

Name		Was he/she a member of your U3A on the date of the incident?:	
Email		Phone	
Address			
		Postcode	

E. DETAILS OF INJURY

Describe the injury(ies):
Immediate action taken:
Treatment at the scene:
Admission to hospital:
Ongoing medical treatment:

Section F is to be completed for any incident involving damage to property

F. DETAILS OF DAMAGED PROPERTY

Describe the damage caused:			
Estimated cost of repair/replacement:			
Property owner's name:			
Email		Phone	
Address			
		Postcode	

The remaining sections are to be completed for all incidents

G. NAME AND CONTACT DETAILS OF ANY WITNESSES TO THE INCIDENT

H. 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: