



Incident Report Form

This report is to be filled in by a Class Leader or other persons involved in an incident as soon as possible after the incident. If you need additional space, please write on the back of this form. Return the completed form to:

The President Kempsey Macleay Valley U3A
P.O. Box 3666 WEST KEMPSEY 2440

OR drop into 46a Tozer Street WEST KEMPSEY 2440

Date of Incident: Time of Incident:

Location: Class:

Name / Contact Details of Persons Involved:

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Description of Incident:

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Were any injuries incurred? Yes / No (Please circle)

Description of Injuries:

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Was outside assistance required? Yes / No (Please circle)

What action was taken?

Details of action taken, and any outside assistance required:

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Name / Role / Contact Details and Signature of any Witnesses:

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Report Completed By: Date of Report:

Title / Role: Class:

Signature of Person Completing Report: