



## INCIDENT REPORT FORM

<b>Person completing Form :-</b>	
<b>Position/role in U3A – Print Please</b>	
<b>Name &amp; Details of person injured/may develop an injury</b>	
<b>Address: .....</b> <b>Post Code .....</b> <b>Phone number: .....</b> <b>Contact person &amp; Phone number: .....</b>	
<b>U3A Bendigo activity, course or event?</b>	
<b>When did the incident occur?</b>	.....am .....pm ...../...../.....
<b>Where did the incident occur?</b>	
<b>Address if not U3A premises</b>	
<b>Details of incident</b>	
<b>Details of injury</b>	
<b>What action if any was taken?</b>	
<b>Who was the action taken by?</b>	
<b>Witness/es</b>	
<b>Notified Course Coordinator?</b>	<b>Yes      No</b>
<b>Date forwarded to Executive Officer/Secretary</b>	<b>Exec</b> ...../...../..... <b>Sec</b> ...../...../..... <b>CoM</b> ...../...../.....