



U3A Bendigo Inc Incident Report Form

Details of Incident:	Description:
When did incident occur?	Date / / Time am / pm
Where did incident occur?	
AT What U3A Bendigo activity, course or event?	
Address if not U3A premises	
Name & Details of person injured/may develop an injury:	
Address	
Post Code	
Phone number	
Details of Injury	
What action if any was taken?	
Who was the action taken by?	
Witness/es	
If necessary have you notified Courses Coordinator?	YES NO
Person completing Form & position/role in U3A – PRINT Please	
Date forwarded to Secretary / Committee of Management	/ /