



Incident Reporting Form

To be completed by Committee Member, Interest Group Leader or other person responsible for the activity.

Please complete as soon as possible following the event.

1. Your Details

| | |
|------------------|----------|
| u3a | Redditch |
| Name | |
| Position | |
| Email | |
| Telephone | |
| Address | |
| Postcode | |

2. Incident Details

| | |
|---|--|
| Date of incident | |
| 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 <i>Attach a sketch or photograph(s) if possible</i> | |
| | |



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

| | |
|--|-----------|
| Name | Email |
| Address | |
| Postcode | Telephone |
| Was he/she a member of your u3a on the date of the incident? | |
| Name | Email |
| Address | |
| Postcode | Telephone |
| Was he/she a member of your u3a on the date of the incident? | |

Sections 4 and 5 are to be completed for any incident involving injury.

4. Particulars of the injured person(s)

(continue on a blank page if necessary)

| | |
|--|-----------|
| Name | Email |
| Address | |
| Postcode | Telephone |
| Was he/she a member of your u3a on the date of the incident? | |
| Name | Email |
| Address | |
| Postcode | Telephone |
| Was he/she a member of your u3a on the date of the incident? | |



5. Details of injury

| |
|------------------------------|
| Describe the injury/injuries |
| Immediate action taken |
| Treatment at the scene |
| Admission to hospital |
| Ongoing medical treatment |

Section 6 is to be completed for any incident involving damage to property

6. Details of damaged property

| | |
|---|-----------|
| Describe damage caused | |
| Estimated cost of repair or replacement | |
| Name of owner of damaged property | |
| Email | Telephone |
| Address | |
| Postcode | |

The remaining sections are to be completed for all incidents

7. Name and contact details of any witnesses to the incident

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| |
| |
| |



8. 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 |

This form is based upon the u3a document KMS-FRM-001 Incident Report Form Revision 2 dated 23/11/2021.

It was approved by Redditch u3a Committee for first release on 14/01/2025.

| u3a | | |
|---------|------------------------|------------|
| Version | Description of changes | Date |
| 1.0 | Initial Release | 14/01/2025 |
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