# Incident Reporting form

Use this form to report any accident, injury, incident, close call or illness. Return completed form to the CEO or SMT member.

**About the person who had the Incident**

|  |  |
| --- | --- |
| Full Name | Date of Birth |
|  |  |
| Address | |
|  | |
| Phone number | Email |
|  |  |

**About the person completing this form**

|  |  |
| --- | --- |
| Name | Occupation |
|  |  |
| Address: | |
|  | |

**About the Incident\***

|  |  |
| --- | --- |
| Date | Time |
|  |  |
| Where it happened (room or place): | |
|  | |
| How the incident happened, give the cause if you can: | |
|  | |
| Nature of injury (If applicable) | |
|  | |
| Action taken | |
|  | |
| Was the injured person seen by a medical professional? If so give details | |
|  | |
| *\*Additional comments can be made overleaf.* | |
| Was this a reportable accident, injury or illness? YES / NO | |

**If first aid given**

|  |  |
| --- | --- |
| Signature of person completing form | Signature of person who had incident (or Parent / Carer) |
|  |  |

Office use:

|  |  |
| --- | --- |
| *Incident reported to:* | *Date* |
| *How (form, in person, email)* | |

|  |
| --- |
| Additional details (Inc. names and contact details of any witnesses or external first aiders) |
|  |