Incident report form

This form should be completed by a member of the committee or by a group convenor. The completed incident form should be retained on file by the u3a committee for a minimum of three years, regardless of whether a claim appears likely.

Any incident in which a member has been injured, or property has been damaged, must be reported to the Third Age Trust via email to info@u3a.org.uk. All incidents are reported to the insurers, regardless of whether there is a claim or not.

1. Your details

u3a	
Name	
Position	
Email	
Telephone	
Address	
Postcode	

2. Incident details

Date of incident	
Time of incident	
Where did the incident occur?	
Is there any CCTV footage of the incident?	☐ Yes ☐ No
Please state the reason for the injured person or damaged property being there	

Please describe the circumstances of the incident *Attach a sketch or photograph(s) if possible*

3. Particulars of person(s) involved in the incident

(continue on a blank page if necessary)

Name		
Email		
Telephone		
Address		
Postcode		
Were they a member of your u3a on the date of the incident?	☐ Yes	☐ No
What is their involvement in the incident? ☐ Injured person ☐ Owner of damaged property ☐ Witness		

Name	
Email	
Telephone	
Address	
Postcode	
Were they a member of your u3a on the date of the incident?	☐ Yes ☐ No
What is their involvement in the incident? ☐ Injured person ☐ Owner of damaged property ☐ Witness	

Name	
Email	
Telephone	
Address	
Postcode	
Were they a member of your u3a on the date of the incident?	☐ Yes ☐ No
What is their involvement in the incident? ☐ Injured person ☐ Owner of damaged property ☐ Witness	

Name	
Email	
Telephone	
Address	
Postcode	
Were they a member of your u3a on the date of the incident?	☐ Yes ☐ No
What is their involvement in the incident? Injured person ☐ Owner of damaged property ☐ Witness	

4. Type of incident

What type of incident are you reporting?	
Injury	☐ *Skip section 7*
Damage to property	☐ *Skip sections 5 and 6*
Both – injury and damage to property	☐ *Please complete all sections*

5. Particulars of the injured person(s)

Please make sure you have listed them in section 3

Name	
Were they a member of your u3a on the date of the incident?	☐ Yes ☐ No
Please add any comments made at the scene by them	
Were they wearing suitable footwear? (if relevant to the incident)	☐ Yes ☐ No

6. Details of injury

Describe the injuries
What immediate action was taken?
What treatment was given at the scene?

Were they admitted to or treated in hospital? Please give details
Are they receiving ongoing medical treatment? Please give details

7. Details of damaged property

Skip this section if not reporting damage to property

Please describe the damage caused (to be completed by a committee member)	
Estimated cost of repair or replacement	
Name of owner (of damaged property)	
Address	
Postcode	
Email	
Telephone	

The remaining sections are to be completed for all incidents

8. Name and comments of witnesses to the incident

(Continue on a blank page, if necessary)

Name	
Comments made	

Name	
Comments made	

9. Other environmental conditions (weather, dry, rain etc) or (flooring, liquid present, cleaned away)

10. Declaration

Your name	
I declare that, to the best of my knowledge and belief, all of the details provided are true and correct in all respects. **Date**	
Signed	