



## 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](mailto:info@u3a.org.uk). All incidents are reported to the insurers, regardless of whether there is a claim or not.

### 1. Your details

<b>u3a</b>	
<b>Name</b>	
<b>Position</b>	
<b>Email</b>	
<b>Telephone</b>	
<b>Address</b>	
<b>Postcode</b>	

### 2. Incident details

<b>Date of incident</b>	
<b>Time of incident</b>	
<b>Where did the incident occur?</b>	
<b>Is there any CCTV footage of the incident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please state the reason for the injured person or damaged property being there</b>	



<p><b>Please describe the circumstances of the incident</b> <i>Attach a sketch or photograph(s) if possible</i></p>
Empty space for describing the incident

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

*(continue on a blank page if necessary)*

<b>Name</b>	
<b>Email</b>	
<b>Telephone</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Were they a member of your u3a on the date of the incident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What is their involvement in the incident?</b>	
<input type="checkbox"/> Injured person <input type="checkbox"/> Owner of damaged property <input type="checkbox"/> Witness	



<b>Name</b>	
<b>Email</b>	
<b>Telephone</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Were they a member of your u3a on the date of the incident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What is their involvement in the incident?</b> <input type="checkbox"/> Injured person <input type="checkbox"/> Owner of damaged property <input type="checkbox"/> Witness	

<b>Name</b>	
<b>Email</b>	
<b>Telephone</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Were they a member of your u3a on the date of the incident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What is their involvement in the incident?</b> <input type="checkbox"/> Injured person <input type="checkbox"/> Owner of damaged property <input type="checkbox"/> Witness	



<b>Name</b>		
<b>Email</b>		
<b>Telephone</b>		
<b>Address</b>		
<b>Postcode</b>		
<b>Were they a member of your u3a on the date of the incident?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>What is their involvement in the incident?</b>		
Injured person	<input type="checkbox"/> Owner of damaged property	<input type="checkbox"/> Witness

#### 4. Type of incident

<b>What type of incident are you reporting?</b>	
<b>Injury</b>	<input type="checkbox"/> <i>Skip section 7</i>
<b>Damage to property</b>	<input type="checkbox"/> <i>Skip sections 5 and 6</i>
<b>Both – injury and damage to property</b>	<input type="checkbox"/> <i>Please complete all sections</i>



## 5. Particulars of the injured person(s)

Please make sure you have listed them in section 3

<b>Name</b>	
<b>Were they a member of your u3a on the date of the incident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please add any comments made at the scene by them</b>	
<b>Were they wearing suitable footwear? (if relevant to the incident)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 6. Details of injury

<b>Describe the injuries</b>
<b>What immediate action was taken?</b>
<b>What treatment was given at the scene?</b>



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

**7. Details of damaged property**

*Skip this section if not reporting damage to property*

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



*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)*

<b>Name</b>	
<b>Comments made</b>	

<b>Name</b>	
<b>Comments made</b>	

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

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## 10. Declaration

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