



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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please state the reason for the injured person or damaged property being there | |
| | |



| |
|---|
| <p>Please describe the circumstances of the incident <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)

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



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

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



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

4. Type of incident

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

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