

# INCIDENT REPORT

The completion and execution of this Incident Report does not in any way constitute an admission of liability with respect to the alleged incident which is the subject of the Report and is without prejudice.

Parish.....Incident Date.....

## What, When & Where

Type of incident.....

Specific incident location.....

Day of the week.....Time of day.....

## Affected Person

Full name.....

Address.....

Telephone Number Home.....Work.....

Mobile.....Email.....

Date of Birth.....

## Reported

Reported By Name.....

Reported To Name.....Time.....

Position.....Date.....

## Treatment Information

First Aid.....Y/N

Doctor.....Y/N (Attach details of treatment if known)

Ambulance.....Y/N

## Details of Alleged Injury

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## Description of the Incident

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## Witness 1

Name.....Phone Number.....

Relationship to affected person.....

## Witness 2

Name.....Phone Number.....

Relationship to affected person.....

## Action Taken

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## Person Completing Form

Name.....Position.....

Signature.....Date.....

***Do not give a copy of this Report to the Affected Person***