

Accident and Incident Report Form

****NAME of Organisation** Incident Report Form**

Date	
Name of Person Completing report	
Role/Position	
Contact Details	
Witness Name	
Witness Contact Details	

Incident Details	
Date & Time of Incident	
Location of Incident	
Description of Incident	
What immediate actions were taken?	
Was there an injury as a result of this incident?	
Name of Injured Person	
Address/Contact Details of person injured	

What first aid/medical care was provided (if any)?	
Was there property damage as a result of this incident? Yes/No, If YES:	
Was there vehicle damage as a result of this incident? Yes/No, If YES: Registration Number Details of Damage	

Submission:			
Signature of person submitting report		Date	

Follow Up:			
Follow Up Action required			
Person responsible for Follow Up			
Program area		Date Due	
Follow up completed		Date	

Copyright © 2020 Safe Ministry Resources Pty Ltd

The **Safe Community Framework** is developed and owned by SMR Pty Ltd. This document cannot be modified without express written permission through a licence agreement. Please contact Safe Community Resources at info@safercommunities.net.au to seek permission. Safe Community Resources can also provide customisation services to your organisation in the area of implementation of the **Safe Community Framework** for your organisation.

Disclaimer: This publication is not legal advice. The ideas and procedures herein are based on nationally recognised good practice advice and have been written with due regard to Australian legislation March 2020. Legal advice may need to be sought when responding to individual incidents.