INCIDENT REPORT FORM

U3A MEMBER DETAILS

Member name:	
Member no (if known)**:**	
Phone:	
Address:	

INCIDENT DETAILS

Class/Event/Office/Other: **(circle as applicable and give details)**				
Tutor name (if applicable) :				
Location of incident:				
Date and approx. time of incident:	**Date:**		**Approx. time:**	
Describe the incident: (what was the member doing? What happened? How did the incident occur?)				
Action taken and by whom:				

WITNESS/S TO INCIDENT

If there is/are witness/es, please include names below

Witness name/s	

SUBMISSION OF FORM

Name of member submitting this form and date:

SEND THIS FORM TO THE SECRETARY IMMEDIATELY (info@u3aballarat.org.au**)**
U3A BALLARAT INC WILL OBTAIN AN INSURANCE CLAIM FORM IF REQUIRED

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