

INCIDENT REPORT FORM: please return promptly to the U3A Office

Date and Time	
U3A Activity / Course	
Location	
Name(s) of person(s) affected or injured
Contact details of person(s) affected or injured	Phone Email Address
Description of incident	
Names and contact details of any witness or witnesses	
Action taken (first aid, medical attention, etc.)	
Follow up action taken / needed	
Name and role of member reporting incident	Name Role in U3A
Date forwarded to Committee of Management	