

# INCIDENT FORM

Use this form to report accidents, injuries, medical situations, or poor behaviour incidents. If possible, the report should be completed within 24 hours of the event. Submit completed forms to the Skunkworks Community Directors.

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT			
Full Name:			
Home Address:			
<input type="checkbox"/> Band Member	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Visitor	<input type="checkbox"/> Spectator
Phone Number:	Mobile -		

INFORMATION ABOUT THE INCIDENT		
Date of Incident	Time	Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident		
Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attached additional sheets if necessary)		
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach separate sheet with names, addresses, and phone numbers.		
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury(ies).		
Was medical treatment provided? <input type="checkbox"/> Yes If yes, where was treatment provided:		

REPORTER INFORMATION
Individual Submitting Report (print name)
Signature
Date Report Completed

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FOR OFFICIAL USE ONLY

Date	Action Taken	By Whom

Document any follow-up action taken after receipt of the incident report.