



Glenbrook Players Inc.

Incident Report

Date of Incident: _____

Time of Incident: _____

Location: _____

Person(s) Involved:

- Name(s): _____
- Contact Details: _____
- Role (e.g. cast, crew, audience): _____

Description of Incident:

Immediate Action Taken:

Witnesses (if any):

- Name(s): _____
- Contact Details: _____

Reported By:

- Name: _____
- Signature: _____
- Date: _____

Further Action/Follow Up Required:

For Office Use Only:

- Received By: _____
- Date Received: _____
- Follow Up Completed By: _____
- Date Completed: _____