

ACCIDENT / INCIDENT REPORT FORM

Use this form to report accidents, injuries, safeguarding (protection) concerns.

Delete where appropriate

If possible, a report should be completed within 24 hours of the event.

If you are raising a safeguarding/protection issue, keep it confidential.

Contact District innerwheel129@gmail.com if you need advice.

Don't mention any names in your email. Leave your phone number and one of the Protection Officers will contact you.

Inner Wheel Club of

Date of Report: [DATE]

1. PERSON INVOLVED

Full Name: [NAME] Address: [ADDRESS]

Phone: [PHONE NUMBER] E-Mail: [E-MAIL ADDRESS]

2. THE INCIDENT

Date of Incident: [DATE] Time: [TIME] ☐ AM ☐ PM

Location: [LOCATION]

Describe the Incident: [DESCRIBE THE INCIDENT]

3. INJURIES

Was anyone injured? ☐ Yes ☐ No

If yes, describe the injuries: [DESCRIPTION OF INJURIES]

OR

Describe what has led to the raising of a concern relating to Safe-Guarding (Protection)

4. WITNESSES

Were there witnesses to the incident? ☐ Yes ☐ No

If yes, enter the witnesses' names and contact info: [NAMES OF WITNESSES]

5. POLICE / MEDICAL SERVICES/SOCIAL SERVICES/OTHER

Police Notified? ☐ Yes ☐ No If yes, was a report filed? ☐ Yes ☐ No

If Yes, give incident ref. number

Was medical treatment provided? ☐ Yes ☐ No ☐ Refused

If yes, where was medical treatment provided? ☐ On site ☐ Hospital ☐ Other: [OTHER]

Social Services Notified? ☐ If yes, which? Devon or Cornwall?

Name and contact number at Social Services if known:

6. PERSON FILING REPORT

Signature: _____ Date: _____

Print Name: _____

CLUB USE ONLY

Report received by: [NAME] Date: [DATE]

Follow-up action taken:

Action Taken: DESCRIBE] *Advice is available from District and Association if required.*

Protection/Safeguarding Reports should be password protected.

For information on how to do this, [click here](#).