**INCIDENT REPORT FORM TEMPLATE**

**<EVENT NAME>**

**<LOCATION, ADDRESS>**

**<DATE, TIME>**

|  |  |  |
| --- | --- | --- |
| **Type of incident**: |  |  |
|  |  | General trespass |  | First aid |  | Vehicle-related incident |
|  |
|  |  | Noise complaint |  | Emergency services required |  | Suspicious article |
|  |
|  |  | Crowd incident |  | Emergency evacuation |  | RSA breach |
|  |
|  |  | Theft |  | Slip/trip/fall incident |  | Intoxication |
|  |
|  |  | Damage to grounds |  | Lost person |  | Unauthorised activities |
|  |
|  |  | Lost property |  | Other (specify) |  |  |
|  |  |
| **Details of injured / affected person** |  |
| Staff member |  |  |  |
|  |
| Member of public |  |  |  |
|  |  |  |
| Given name/s |  | Surname |  |  |
|  |  |  |  |
| Residential address |  |  |
|  |
| Postcode |  | Telephone |  |  |
|  |  |  |
| **Incident details** |  |  |
| Date |  | Time |  |  |
|  |  |  |  |  |
| Location |  |  |
|  |
| Did you inspect the area? |  | Yes |  | No |
|  |
| What was evident? |  |  |
|  |
| Were police called? |  | Yes |  | No |
|  |
| Details of attendance/ officer/station |  |  |
|  |
| Was first aid provided? |  | Yes |  | No |
|  |
| Details of treatment |  |  |
|  |
| Was an ambulance requested? |  | Yes |  | No |
|  |
| Details of onsite treatment/hospital |  |  |
|  |
|  |

*overleaf*

|  |
| --- |
| **Details of how incident occurred** |
| Description of incident (include specifics e.g. location, cause, witnesses, details of attending officers/ambulance, further treatment) |
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|  |  |  |
| Name of person completing report |  |  |
|  |  |  |
| Contact telephone number |  |  |
|  |  |  |
| Signature |  |  |
|  |  |  |
| Date reported |  |  |
|  |  |  |