



# Incident Report Form

Please complete the form ASAP after the Incident

Name of Walk	
Date of Walk	Number of participants

Name of Walk Leader	Please tick which day or Occasion. WED/ THURS/ SAT/ SUN/ HOLIDAY
Email Address of Leader	Contact Phone Number of Leader

Details of Incident (Please give as much detail as possible)	Location date and time of incident
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Action Taken
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Name of person affected by the Incident.	
Email address of person affected by the Incident.	Telephone Number of person affected by the Incident
Details of the Injury, the Treatment received and current condition.	Details of damage to third person or property (If applicable)

Name of Witness to the incident	Membership Number of Witness (If known)
Add any additional details or comments.	

If the Incident requires immediate ambulance and/or police, please inform the Secretary ASAP