|  |  |  |  |
| --- | --- | --- | --- |
| **Time of Incident** |  | **Date of Incident** |  |
| **Detailed location** (e.g. sport hall on left hand side) |  |
| **Sport/Society** (e.g. MMA) |  |
| **First Aider** |  | **Name of Person Completing the Form** |  |
| **Type of Incident** | **Accident Anti-Social Behaviour Safeguarding Other** |
| **Name of Person / People involved:** **Date of Birth:**  |
| **Address:**  |
|  |
| **Details of the Incident** (ensure that you clearly state if you were a witness, or if third hand information)**Please add witness information with Name, Email and Phone Number.**  |
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| Continue onto another sheet if required, ensuring it is marked with reference number |
| **List any injuries sustained and treatment given** (including by whom) |
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|  |
| **Actions Taken & Follow Up** (eg. emergency services called, first aid administered, removed from football pitch) |
|  |
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|  |
|  |
| **Signed: Date:** |
|  |
| **JMSU MANAGEMENT TEAM ONLY****Follow Up Actions – Complete with dates of actions taken and manager initials. OD** |
| **Entered on Database** |  | **JMSU Disciplinary** |  | **CCTV Burnt** |  |
| **RIDDOR** |  | **Other – Please state** |  |

**INCIDENT REPORT FORM**