Incident Report Form

*Report from Mentor, Coordinator or Manager*

What happened?

When did the incident occur? Date:

 Time:

Where did the incident occur?

Adult(s) involved:

Young People(s) involved:

Any other people involved including witnesses:

If known, what was the trigger for the incident? (What, if anything, finally provoked the incident?)

Nature and extent of injuries sustained:

Physical:

Emotional:

Treatment received (if any):

Damage to property (If any):

Incident reported to:.

Signed:

Date:

**Manager/Coordinator’s Report**

I have read the above report and have taken the following action:

Are there any actions required to comply with:
A/ Vulnerable Childrens Act

B/ Health and Safety in the Workplace 2015

What, if anything have we learned from this incident?

Comments:

Final Comments from Manager

Signed:

Date:

Board Chairperson signature:

Date: