

Please only complete the next section if this incident resulted in injury.

Brief description of injuries sustained:

Did the injured person(s) need to attend hospital? Yes No

If you answered "Yes" to the previous question, please provide the following details:

Name of hospital: Ward No:

Time of admission: Time of discharge:

Date of admission: Date of discharge:

Was an ambulance called to the incident? Yes No

If yes, please provide details of the person who called the ambulance

Name: Phone:

Were Police involved in the incident? Yes No

If yes, is a copy of the Police Report attached? Yes No

If there were no Police involved and a Police Report cannot be provided, please attach an additional page/pages with a full description of the incident including a summary of events prior to the incident.

Declaration:

I,
(Full Name) (Date of Birth)

declare that all information provided in this report is true and correct to the best of my knowledge.

Signed: Date:

Office Use Only

Response/Action made to date: *(if no action has been taken, please state why)*

Completed By: Position:
 Signed: Date: