

Incident Report Form

Most recent update: 15 May 2024

Main details										
Date of incident				Time of incident						
Type of incident				Riddor reportable	YES		NO			
Nature of injuries (if applicable)										
Reported to Police (if applicable)										
Part 1 – Incident details										
What happened										
Actions taken at the time										
Causes/factors leading the incident occurring (i	-									
Part 2A – Personal details of the person(s) affected										
Full name										
Course/Programme atte	ending			<u></u>		r	_			
Aged under 19?	Y	/ES	NO	Emergency contact notifie	ed?	YES	NO			
OR										
Part 2B – Venue/other a	ffected									
Venue										
Specify location of incid	ent									
Part 3 – Provider details										
Full name and address										
Member(s) of staff pres time of incident (if any)	ent at									









Part 5 – Risk control measures			
Action		By whom?	By when?
Part 6 – Person completing this	form		
Name			
Role			
Date			
Part 7 – Management response	!		
Received by			
Role			
Date			
Actions to be taken			
Follow-up date			
I confirm there are no further a	ctions to take reg	arding this incident	
Signed			

Report quality sampled by Date Approved?	
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Close-down date



