

Incident report form

Your contact details Full name: Contact number: **Email address: Incident information** Date & time: Venue: **Description:** Outcome: **Additional information** What Club, School or Organisation are you from:: What are you Reporting: (tick all that apply): Near miss that could have been prevented

Property/equipment	damage				
Medical/injury					
Collision					
Safety breach					
☐ Inappropriate behavio	our (eg. language;ab	use;intentional wash	n)		
☐ Inadequate lighting					
Please describe the we	ather and light cond	litions::			
Type of boat(s) include	d::				
If known, please list an	y injuries sustained	::			
If known, please list an	y property damage	sustained::			
Please outline any less	ons learned from th	is incident::			
Please provide sugges	tions on how to imp	rove practices			
r lease provide sugges					
Other::					
People involve	ed				
Full name:					
Contact number:					
Email address:					
Role (please circle):	Complainant	Official	Person involved	Witness	
Full name:					
Contact number:					
Email address:					
Role (please circle):	Complainant	Official	Person involved	Witness	

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