Naomh FinnÉin C.L.G.

Established 1943

**INCIDENT / ACCIDENT REPORTING FORM**

This form should be used for each occasion of:

* Accident fall / injury
* Aggressive behaviour
* Verbal Abuse
* Destruction of equipment or property (or threats of)
* Physical assault (or threats of)

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| --- | --- |
| **Name of person completing this form** |  |
| **Role/Position of person completing this form** |  |
| **Signature of person completing this form** |  |
| **Date** |  |

**Incident / Accident**

|  |  |
| --- | --- |
| **Date and time of incident** |  |
| **Name(s) of person(s) involved in the incident and their clubs / associations** | |
|  | |
| **What activity was taking place when the incident occurred?** | |
|  | |
| **Witnesses (include contact details)** | |
|  | |

**REPORTING OF THE INCIDENT TO THE CLUB / ASSOCIATION:**

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| --- | --- |
| **Incident Reported to:** |  |
| **Date incident reported:** |  |
| **How was the incident / accident reported? E.G. using this form, in person, email, phone** | |
|  | |

**FOLLOW UP ACTION:**

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| **Description of actions to be taken:** |
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| **Club / Association notes only:** |
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