**INCIDENT REPORT FORM - PUBLIC LIABILITY**

**COMMITTEES OF MANAGEMENT**

**DETAILS OF PERSON INJURED OR WHO EXPERIENCED PROPERTY LOSS / DAMAGE**

**Name: Sex: M / F**

**Address:**

**Phone: DOB: / /**

**DETAILS OF INCIDENT**

**Date: / / Time:**

**Location:**

**Photographs taken: Y / N**

**(If Yes, please attach)**

**Information regarding the incident**

|  |
| --- |
| **SKETCH OF INCIDENT AREA**  Draw sketch plan of area applicable to incident.  Indicate physical features eg roads, buildings, structures, vegetation etc) |
|  |

**IMMEDIATE ACTION TAKEN:**

**WITNESS INFORMATION:**

**Witness 1:**

**Name:**

**Address:**

**Phone:**

**Witness 2 (if applicable):**

**Name:**

**Address:**

**Phone:**

**OFFICE USE ONLY**

**COUNCIL OFFICER RECEIVING REPORT / ATTENDING INCIDENT**

Name: Position:

Phone:

Date of notification: / / Time:

GIS map reference:

**INVESTIGATION –** Council will conduct investigation and enquiries into incident and possible causes in consultation with the Committee of Management:

Investigation Completed: Y / N

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| Date | Notes |
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| **DETAILS OF SUBSEQUENT COMMUNICATION** | | |
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| DATE | WHO | DETAILS |
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| --- | --- | --- |
| NAME: |  |  |
| POSITION: |  |  |
| PHONE: |  |  |
| E MAIL: |  |  |
| DATE: |  |  |