**INCIDENT REPORT FORM TEMPLATE**

**<EVENT NAME>**

**<LOCATION, ADDRESS>**

**<DATE, TIME>**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of incident**: | | | | | | | | |  | | | | | | | | | |  | | | | | | | |
|  |  | General trespass | | | | | | | |  | | First aid | | | | | | | | |  | | | Vehicle-related incident | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Noise complaint | | | | | | | |  | | Emergency services required | | | | | | | | |  | | | Suspicious article | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Crowd incident | | | | | | | |  | | Emergency evacuation | | | | | | | | |  | | | RSA breach | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Theft | | | | | | | |  | | Slip/trip/fall incident | | | | | | | | |  | | | Intoxication | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Damage to grounds | | | | | | | |  | | Lost person | | | | | | | | |  | | | Unauthorised activities | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Lost property | | | | | | | |  | | Other (specify) | | | | | |  | | | | | | | |  |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Details of injured / affected person** | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Staff member | | |  | |  | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Member of public | | |  | |  | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| Given name/s | | |  | | | | | | | | | | | | | Surname | | | | | |  | | | |  |
|  | | | |  | | | |  | | | | |  | | | | | | | | | | | | | |
| Residential address | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode | | |  | | | | | | | | | | | | Telephone | | | | | | | |  | | |  |
|  | | | | | | | | |  | | | | | | | | | |  | | | | | | | |
| **Incident details** | | | | | | | | |  | | | | | | | | | |  | | | | | | | |
| Date | | |  | | | | | | | | | | | | | Time | | | | | |  | | | |  |
|  | | | |  | | | | | | | | | |  | | | | | |  | | | | |  | |
| Location | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you inspect the area? | | | | | | |  | | | Yes | | | | |  | | | | | | No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What was evident? | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Were police called? | | | | | | |  | | | Yes | | | | |  | | | | | | No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of attendance/ officer/station | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was first aid provided? | | | | | | |  | | | Yes | | | | |  | | | | | | No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of treatment | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was an ambulance requested? | | | | | | |  | | | Yes | | | | |  | | | | | | No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of onsite treatment/hospital | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
|  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |

*overleaf*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Details of how incident occurred** | | | | | | |
| Description of incident (include specifics e.g. location, cause, witnesses, details of attending officers/ambulance, further treatment) | | | | | | |
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|  | |  | |  | | |
| Name of person completing report | | |  | |  | |
|  | |  | |  | | |
| Contact telephone number | | |  | |  | |
|  | | |  | |  | |
| Signature | | |  | |  | |
|  | |  | |  | | |
| Date reported | | |  | |  | |
|  | |  | |  | | |