

Incident Report Form



Event Name

Venue

Contact Name

Phone

Incident category

- | | | |
|---|--|---|
| <input type="checkbox"/> General trespass | <input type="checkbox"/> First aid | <input type="checkbox"/> Vehicle-related incident |
| <input type="checkbox"/> Noise complaint | <input type="checkbox"/> Emergency Services Required | <input type="checkbox"/> Suspicious article |
| <input type="checkbox"/> Crowd incident | <input type="checkbox"/> Emergency evacuation | <input type="checkbox"/> RSA breach |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Slip/trip/fall incident | <input type="checkbox"/> Intoxication |
| <input type="checkbox"/> Damage to ground | <input type="checkbox"/> Lost person | <input type="checkbox"/> Unauthorised activities |
| <input type="checkbox"/> Lost property | <input type="checkbox"/> Other (specify) | <input type="text"/> |

Incident details

Date

Time

Location

Details of incident

Did you inspect the area?

- Yes No

What was evident?

Details of Damage / Other

Were the Police called? Yes No

Did they attend? Yes No

Name of Police Officer

Phone

Reported to staff? Yes No

What action did you take?

Contact details of person involved

Name

Phone

Residential address

Details of injuries and treatment

First aid officer requested? Yes No

First aid officer name

Phone

Ambulance requested? Yes No

Did the person go to hospital? Yes No

Name of hospital

Does the injury require any follow-up treatment? Yes No

If yes, give details