



## INCIDENT REPORT FORM

Name and role of person completing this form:

Signature of person completing this form:

Date:

### INCIDENT

Date and time of incident:

Name(s) of person(s) involved:

Description of incident:

Witnesses (include contact details):

### INJURY (IF APPLICABLE)

Description of injuries (including parts/sides of body affected):



## INCIDENT REPORT FORM

### REPORTING OF THE INCIDENT

Incident Reported to:

Date:

How (this form, in person, email, phone):

### FOLLOW UP ACTION

Description of actions to be taken:

### To Submit The Incident Form

Email to [admin@littleathletics.com.au](mailto:admin@littleathletics.com.au)

OR

Contact Little Athletics Australia (03) 9909 3549