

# Incident report

Use this form to report accidents, injuries, medical situations, or improper behaviour. The report should be completed within 24 hours of the event. Submit completed forms to the Management Committee.

## Information about person involved in the incident

<b>Full name</b>	
<b>Home address</b>	
<b>Phone number</b>	
<b>Email address</b>	
<b>Affiliation</b>	<input type="checkbox"/> Registered Garden member <input type="checkbox"/> Visitor accompanied by a registered Garden member <input type="checkbox"/> Other: _____

## Information about the incident

<b>Date and time</b>	
<b>Location</b>	
<b>Description of incident</b>	<i>(What happened, how it happened, contributing factors. Please be specific, and attach additional pages if necessary.)</i>
<b>Were there any witnesses?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, supply contact information (attach additional page(s) as necessary)
<b>Was the individual injured?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, describe the nature of the injury, the body part injured and any other relevant information (attach additional page(s) as necessary)

<b>Was medical treatment provided?</b>	<input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Yes → If yes, where? <input type="checkbox"/> On site <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other: _____ Describe treatment (attach additional page(s) as necessary)
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### Reporter's information

<b>Full name</b>	
<b>Signature</b>	
<b>Date</b>	

### Office use only

<b>Received by</b>	
<b>Signature</b>	
<b>Date</b>	

Document any follow-up action taken after receipt of the incident report

Date	Action taken	Name