



**Glen Waverley
Hawks Football
Netball Club**

**Central Reserve
(south oval)**

Incident Report

INCIDENT REPORT FORM

The incident resulted in:

Injury to an individual Damage to property/environment A near miss

Personal details (of injured):

Surname: _____ First name: _____

Address: _____

Postcode: _____

Male

Female

Date of birth:

DD / MM / YY

Member

Volunteer

Opposition Member

General Public

Department: Committee Member

Position: _____

Name: _____

Incident details:

Date incident occurred: _____

Time incident occurred: _____

Where did the incident occur? (Please specify)

What was the nature of, and injury resulting from, this incident?
(Please explain in your own words what had happened)

Was first aid or further treatment required? Yes No

Were there any witnesses? Yes No

Name of witness/es: _____

Address: _____

Postcode: _____

Position: _____ Contact details: _____

Signature of person completing report: _____

Name of person completing report: _____

Date: DD / MM / YY

A copy of this report is be forwarded to the committee immediately.

Committee comments: _____

Does this incident require further investigation? Yes No

(If yes, refer to Club Executive)

Does the severity of this incident require notification to Work Safe Victoria? Yes No

Executive Committee Name _____

Signature: _____ Date: DD / MM / YY