



M I L S O N S P O I N T

CHINESE CHRISTIAN CHURCH  
雪梨華人基督教會

## INCIDENT REPORT FORM

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Type of incident: (please tick)

Medical

☐

Accidents (trips, slips, falls)

☐

Property damage

☐

Serious injuries

☐

Robbery or violence

☐

Death

☐

Natural disaster

☐

Others

☐

Specific Location of Incident: \_\_\_\_\_

### AFFECTED PERSON

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

### REPORT

Reported by: \_\_\_\_\_

Position: \_\_\_\_\_

Reported to: \_\_\_\_\_

Position: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Time: \_\_\_\_\_

Reported to Parent/Guardian/Next of Kin: (name) \_\_\_\_\_

Reported by: \_\_\_\_\_

Date: \_\_\_\_\_



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### TREATMENT INFORMATION

**First Aid:** Yes: ☐ No: ☐    **Doctor:** Yes: ☐ No: ☐    **Ambulance:** Yes: ☐ No: ☐

### DETAILS OF ALLEGED INJURY:

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### DESCRIPTION OF INCIDENT:

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### ACTION TAKEN:

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### WITNESS INFORMATION:

#### Witness

Full Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

### PERSON COMPLETING THIS FORM:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Do not give a copy of this Report to the affected person.**

**This completed form is to be kept with the Church Office records indefinitely.**

**Please return completed form to Church Office pigeonhole outside music room.**