



PLEASE ENTER NAME OF CHURCH OR ORGANISATION

--

Accident / Complaint Report

To be completed where there has been an accident or incident involving physical injury, property damage, complaints or a breach of the Code of Good Leadership Practices.

Name of person filling in this report (Reporter)			
Ministry Coordinator:			
Contact Details:			
Nature of report:	<input type="checkbox"/> Accident causing personal injury	<input type="checkbox"/> Property damage	
	<input type="checkbox"/> Breach of Code of Good Leadership Practices	<input type="checkbox"/> Complaint	
Location of Incident:		Date/Time of incident:	
Describe the incident. Include specific location at venue, and the circumstances surrounding the incident.			
Details of persons involved			
Name:		Tel:	
Address:			
Were there any witnesses to the incident		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, contact details for any witnesses:			
Details of Witnesses			
Name:		Tel:	
Address:			
Risk/Hazard			
Did the incident occur as a result of a risk or hazard?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, had the risk or hazard been identified prior to the activity commencing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what measures were used to eliminate or control the risk or hazard?			
What measures could be taken in the future to avoid a repeat of the incident?			
Report submitted by:		Position in Church:	
Signature		Date	

Ministry Co-ordinator to retain original copy and give completed form with Hazard Identification Form to the Church Safety Officer