**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.

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| Name of person filling in thisreport (Reporter) |  |
| Ministry Coordinator: |  |
| Contact Details: |  |
| Nature of report: | Accident causing personal injury |  | Property damage |  |
| Breach of Code of Good Leadership Practices |  | 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 Yes NoIf 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? Yes No |
| If yes, what measures were used to eliminate or control the risk or hazard? |
| **Report submitted by:** |  |
| **Position in Church:** |  |
| **Signature:** |  |
| **Date:** |  |

 Please hand this completed form to the office.