

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:	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	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?		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.