

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, had the risk or hazard been identified prior to the activity commencing?		Yes	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	