



## University of Queensland Union Volunteer Incident Report Form

The Incident report form is to be completed within 24 hours of any incident or accident.  
Details to be completed by person/s involved in the accident/incident.

Surname: \_\_\_\_\_ First name \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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

Date and time of accident/incident: \_\_\_\_\_

Location where accident/incident occurred: \_\_\_\_\_

Exact circumstances: \_\_\_\_\_

Injuries/damage to property noted at the time: \_\_\_\_\_

Injury/damages to third party: \_\_\_\_\_

Date reported: \_\_\_\_\_ To whom: \_\_\_\_\_ By whom: \_\_\_\_\_

Was medical attention required: Y / N Name of medical attendant: \_\_\_\_\_

Was hospitalisation required Y / N

Name and address of witness 1: \_\_\_\_\_

Name and address of witness: \_\_\_\_\_

**To be completed by Volunteer Program Coordinator**

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Date form received: \_\_\_\_\_

Action taken: \_\_\_\_\_

Signature of Manager: \_\_\_\_\_ Date: \_\_\_\_\_