

# Incident Report Form

Please complete and sign the form. Then send a **CLEAR** scan or image of this document to [admin@ukultimate.com](mailto:admin@ukultimate.com). Thank you.

**Details of the incident:**

Event	Venue:
Date	Approx Time:
Circumstances (What happened?)	
Details of injury to Person(s) / Damage to property	
Action taken (First Aid / A&E / Ice etc.)	

**Details of person(s) concerned:**

Name:	Team and captain (if applicable):	
Address:		
Tel:	Email:	
Age:	DOB:	Occupation:

**Details of witness:**

Name:
Address:
Tel:
Relationship to casualty:

**Details of person completing the form:**

Name
Address
Tel: