



**ACCIDENT/INCIDENT REPORT FORM**

**Date of accident/incident:**

**Place of accident/incident:**

**Time of accident/incident:**

**Name & address of person involved in accident/incident:**

**Nature of injury/illness:**

**Was medical attention required and/or hospitalisation?**

**Names of witnesses to accident/incident:**

**Description of accident/incident; how & why it happened:**

**Host to whom the accident/incident was reported:**

**To whom was the accident/incident reported at the venue?**

Name:

**What action is proposed to try to avoid this type of accident/incident in the future?**

Signature of Injured Person (if available):

Signature of Witness:

**Please email this form to [secretary@scpickleball.com.au](mailto:secretary@scpickleball.com.au)**

Acknowledged by Management Committee representative:

Position: .....

Name: .....