**APPENDIX 3**

**INCIDENT/ACCIDENT REPORTING FORM – St Comgall’s Antrim**

**This form should be used for each occasion of**

• Accidental fall/injury

• Aggressive behaviour

• Verbal abuse

• Destruction of equipment or property (or threats of)

• Physical assault (or threats of)

**PLEASE SEND COMPLETED FORMS TO**: childrensofficer.stcomgalls.antrim@gaa.ie

|  |  |
| --- | --- |
| **Name of person completing this form:** |  |
| **Role/Position of person completing this form:** |  |
| **Signature of person completing this form:** |  |
| **Date:** |  |

**INCIDENT/ACCIDENT**

|  |  |
| --- | --- |
| **Date and time of incident:** |  |
| **Name/s of person/s involved in the incident and their Clubs/Associations:** |  |
| **What activity was taking place when the incident occurred?** |  |
| **Description of incident:** |
|  |
| **What action, if any, did Club personnel take during or after the incident?** |
|  |

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| --- |
| **Witnesses (include contact details** |
| **NAME** | **CONTACT** |
|  |  |
|  |  |
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**REPORTING OF THE INCIDENT TO CLUB/ASSOCIATION**

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| --- | --- |
| **Incident Reported to:** |  |
| **Date:** |  |
| **How was the incident/accident reported? e.g. using this form, in person, email, phone** |  |

**FOLLOW UP ACTION**

|  |
| --- |
| **Description of actions to be taken:** |
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| **CLUB/ASSOCIATION NOTES ONLY:** |
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