

# INCIDENT REPORT

## PERSON REPORTING

Name:		
Address:		Telephone # (home): (     )
City:		Telephone # (work): (     )
Province:	Postal Code:	Volunteer Position:



## INCIDENT REPORTING

Incident Date:	Location:	Time:
4-H Activity:	Type of Incident:	

Please provide the names, addresses and telephone numbers of the people involved in the incident.  
*(Please use a separate sheet if required)*

4-H Participants						
Name	Address	Member Age	City	Province	Postal Code	Telephone Number <small>(please include area code)</small>
						(     )
						(     )
						(     )
						(     )
						(     )
External Participants Involved (i.e. police, doctor, etc.)						
Name	Address	City	Province	Postal Code	Telephone Number <small>(please include area code)</small>	
					(     )	
					(     )	
					(     )	
					(     )	
					(     )	
					(     )	

**(PLEASE SEE OVER)**

# INCIDENT REPORT



Please give a full description of the incident. *(Use a separate sheet, if necessary)*


Please give a full description of the action taken and assessment of the damages.  
*(Use a separate sheet, if necessary)*


Please indicate the follow-up actions that need to be completed and who will be completing the action.


**Name of Witness(s):** \_\_\_\_\_ **(attach witness statement(s))**

Please check who received a copy of this 4-H incident form. (A form should be given to individuals or organizations who will be directly affected by the incident)

<input type="checkbox"/> Parent/guardian of participant(s)	
<input type="checkbox"/> 4-H Association(s) <i>Specify:</i>	
<input type="checkbox"/> Sponsoring Organization(s) <i>Specify:</i>	
<input type="checkbox"/> Other	
<input type="checkbox"/> <b>MANDATORY – Form must be sent to the 4-H Ontario Office: 111 Main Street North, P.O. Box 212, Rockwood, ON, N0B 2K0, Phone # 1 877 410-6748 ext. 470, Fax # (519) 856-0515 within 48 hours.</b>	
Signature: _____	Date: _____

**KEEP A COPY FOR YOUR RECORDS.**