



Epping Town FC



INCIDENT REPORT FORM

Report of an Accident, Dispute or Incident

To be completed by the manager or affected person. Please write clearly so that the form can be scanned, copied or emailed. Complete ALL sections and return the form within 7 days of the accident or incident happening to the addresses listed at the end of the document

1. About the injured/affected person (IAP)

Name	Age
Address	☐ Male ☐ Female
	Was the affected person ☐ Player ☐ Manager/Coach ☐ Parent ☐ Member of the public ☐ Spectator

2. About the type of injury

Describe the injury and part of the body	☐ Became unconscious ☐ Needed resuscitation ☐ Remained in hospital for more than 24 hrs ☐ Received first aid – provide details: ☐ None of the above
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3. About the accident/injury

Date and time of accident/injury	Location of accident/injury
Did the accident/injury result in: ☐ A dispute ☐ A minor injury ☐ A major injury ☐ Safeguarding issue ☐ Other – please provide details:	Did the accident involve being: ☐ Physically assaulted by a person ☐ Verbally abused or threatened ☐ Another kind of accident/incident ☐ Other – please provide details:

4. About the accident/injury (continued)

What immediate action was taken to prevent a recurrence? If NONE, state why not.

5. Account of Events

Please provide as much detail as possible:

6. Manager/Coach submitting this report

Name	I, the undersigned, state that the above is an accurate account of the accident/incident. Signed Date
Contact number	
Email address	

7. Witness information

Name	Name
Contact number	Contact number
Email address	Email address

Please send a copy of the completed form to:

Secretary
Christine Ellsom christine.ellsom.eyfc@gmail.com

Club Welfare Officer
Claire Sprent asstcwo.etfc@gmail.com