



PUBLIC INCIDENT REPORT FORM

SECTION 1: CONTACT DETAILS OF PERSON REPORTING THE INCIDENT

Name	
Postal Address	
Contact Number	

SECTION 2: DETAILS OF INJURED PERSONS (IF DIFFERENT TO PERSON LISTED ABOVE)

Name of Injured Person/s	
Postal Address	
Contact Number	

SECTION 3: DETAILS OF INCIDENT

Location			
Date of Incident		Time (If known)	
Date reported to Council			
What did you injure/damage? (Body part, personal item)			

SECTION 4: PLEASE DESCRIBE WHAT HAPPENED

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SECTION 5: INCLUDE DRAWINGS/PICTURES IF RELEVANT

SECTION 6: HAVE YOU SOUGHT MEDICAL ADVICE/ATTENTION? (please tick)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<u>Please attach a copy of any relevant documentation to this form</u>			
If Yes:	Where did you go?			On what date			
If no, do you intend to seek medial advice/attention?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

SECTION 7: DO YOU WISH TO LODGE A CLAIM FOR EXPENSES? (please tick)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<u>Please attach a copy of any relevant documentation to this form</u>
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SECTION 8: DECLARATION

The information provided on this form is true and accurate.

I understand that this information may be forwarded to the Local Government Association's Mutual Liability Insurance Scheme for investigation.

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Signature

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Date

SECTION 9: OFFICE USE ONLY

Counter Signed:	(Employee of Renmark Paringa Council)	Dated:	
Print Name:			