

# Incident report form

Use this form to report an incident that occurred in, or on NDGC premises (including the carpark). Once you have completed this form, please inform either the Manager or Competitive Program Manager.

**Any Child Safety Concerns must be reported immediately to the Child Safety Officer or Member Protection Information Officer.**

## Incident details

Provide a clear description of the incident using your own words (what happened, what you saw/heard, who was involved, were there any other witnesses, where did it occur):

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Date of Incident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_          Time: \_\_\_\_\_am/pm

Name of person completing form: \_\_\_\_\_

Position at NDGC: \_\_\_\_\_

Signature: \_\_\_\_\_

Date report completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Once you have completed this form, please inform either the Manager or Competitive Program Manager.