



**INCIDENT REPORT FORM**

**Site where incident took place:**

\_\_\_\_\_

**Name of person responding/reporting to the incident:** \_\_\_\_\_

**Name(s) of injured person:** \_\_\_\_\_

**Address of injured person:** \_\_\_\_\_

**Please indicate whether the injured person is...**

Attendee  Sponsor  Alliance Staff Member  Other \_\_\_\_\_

**Date and time of the incident/accident:** \_\_\_\_\_

**Give details of how and precisely where the incident/accident took place. Describe what was taking place at the time, e.g. general session, afternoon break, team building activity, etc.**

\_\_\_\_\_

\_\_\_\_\_

**Give full details of the action taken including any first aid treatment and name(s) of the first aider(s):**

\_\_\_\_\_

\_\_\_\_\_

**Were any of the following contacted:**

Police:  Yes  No

Ambulance:  Yes  No

Emergency contact:  Yes  No

**What happened to the injured parties following the incident/accident? (e.g. went home, went to hospital, declined care, etc.)**

\_\_\_\_\_

All of the above facts are a true and accurate record of the incident/accident.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Complete and return to the Alliance Show Office, located in room 254 A or email to [support@alliance-conference.com](mailto:support@alliance-conference.com).*