

# INCIDENT FORM

# WYDAN NIGHT SHELTER

PLEASE USE BLOCK CAPITALS

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Who was on duty at the time and in what capacity? (include all volunteers)

Where was the incident?

What type of incident?

Who was involved? (names and descriptions of guests / volunteers / staff involved as well as witnesses)

What happened?

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What action was taken by the Lead Volunteer or other volunteers?

What was the outcome?

Were any emergency services or other agencies involved? (include names and contact details)

Is any follow-up action required? (include any relevant addresses and phone numbers, if known)

Is any follow-up action expected from the guests / volunteers / staff involved?

Date form completed:

Time form completed:

Name of person who completed the form:

Position

Signature