



# WILFRID LAURIER SPORT CLUBS

## ACCIDENT REPORT



	Date: _____	Time: _____ am/pm	Facility/Program Area: _____
<b>PATRON</b>	Name: _____ ID#: _____		Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
	Address/Residence: _____		Telephone # _____
	<input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Alumni <input type="checkbox"/> Community <input type="checkbox"/> Rental User		
<b>TYPE</b>	Type of Incident: <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Personal Trauma <input type="checkbox"/> Transportation Accident <input type="checkbox"/> Personal Injury <input type="checkbox"/> Theft or Lost Item <input type="checkbox"/> Other: _____		
<b>LOCATION</b>	Description of the Specific Location: _____ _____ _____		
<b>INCIDENT</b>	Description of Incident: _____ _____ _____		
	Witness: _____		Phone # _____
<b>ACTION</b>	Action Taken: _____ _____ <input type="checkbox"/> Contacted Security – Time: _____ am/pm    ID #: _____		
<b>NEXT STEPS</b>	Follow-up Requested and Suggestions for Future Prevention: _____ _____ _____		
<b>STAFF</b>	Submitted by: _____ Signature: _____ Date: _____		Additional Comments: <input type="checkbox"/> On back of sheet <input type="checkbox"/> None
	Supervisor Receiving Report: _____		Date: _____
	Follow Up Done: _____		Date: _____