



Accident/Incident/Complaint Report Form

To be completed where there has been an accident/incident/complaint involving physical injury, property damage, a complaint or a breach of the Code of Good Leadership Practices.

Details of Person filling in this form (Reporter):	Name:		
	Mobile number:		
	Email Address:		
Ministry Area and name of Co-ordinator (if applicable):			
Nature of Report:	<input type="checkbox"/> Accident/Incident causing personal injury	<input type="checkbox"/> Incident	
	<input type="checkbox"/> Breach of Code of Good Leadership Practices	<input type="checkbox"/> Complaint	
	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Other	
Incident/Complaint Details			
Location:			
Date:		Time:	
Specific Details including circumstances surrounding the incident/complaint (attach additional information if required):			
Details of Persons involved (if applicable)			
Details of Person involved	Name:		
	Mobile number:		
	Address/Email Address:		
Details of Witness/s	Name:		
	Mobile number:		
	Address/Email Address:		
Risk Hazard			
Did this incident occur as a result of a risk or hazard?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, had the risk or hazard been identified prior to the activity commencing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what measures were used to eliminate or control the risk/hazard and what measures could be taken in the future to avoid a repeat of the incident?			
Reporter's Signature:		Date:	
Report Received by: name & Position in church		Date:	

Reporter to Retain a copy and Safety Officer/Senior Pastor/Executive Pastor to retain original.
(Reviewed September 2025)