Incident report

Reported by:				Contact (email/phone):			
Date of incident: Date of report if different:				Time of incident:			
Location of incident:				Person(s) involved			
Nature of incident: please circle all relevant)							
Near Miss	Injury	Medical	Accident	Behaviour	Safety	Safeguarding	Procedural
Please describe the incident you would like to report: (Write a factual description of the incident, those involved, relevant witnesses)							
What was the impact of the incident: (e.g. injury, damage caused)							
Action taken as a result of the incident: (e.g. evaluation of procedures, meeting, written/verbal warning etc)							
Rainbow Circus signatory:				Author of report signatory:			