



## Safety Concern Report Form

This form should be used for the recording of all safety incidents or concerns and dangerous occurrences. The form should be completed as soon as possible after the occurrence. All details should then be checked by a person also witnessing the event if available. To comply with the data protection legislation personal details must be kept confidential.

Name(s) of persons involved	
Member, Carer, Volunteer, Trainer or other	
Date / Time of occurrence	
Place of occurrence	
Description of incident (Full description of the circumstances, including a description of any apparatus or equipment involved)	

**I declare and confirm that as far as I am aware the above details including the description of the incident are true and complete**

Signature & Date	
Name & Member, Carer, Volunteer, Trainer or other	