



# INCIDENT REPORT FORM

100 YEARS STRONG

This form should be completed immediately after an incident, injury, safety concern, or event that could affect CLFC's safety, wellbeing, or operations. Please provide relevant details and submit the completed form to the Club Secretary [secretary@canterburylionsfc.com.au](mailto:secretary@canterburylionsfc.com.au) within 24 hours of the incident.

## INCIDENT DETAILS

Date	Time	Location of Incident

### Type of Incident (Select the most appropriate option)

Injury related Incident     Near Miss     Equipment / Property Damage     Bullying / Harassment  
 Child Protection     Health and Safety Violation     Other (please specify)

## INVOLVED PARTIES

(Please list all individuals involved, excluding witnesses)

Full Name	Role Involved (player, coach, volunteer, spectator)	Age of Person Involved	Child or Vulnerable Person (C or V)

## INCIDENT DESCRIPTION

Provide a detailed, step-by-step account of the incident, including what occurred before, during, and after. This should include any relevant details that could help with understanding the cause and context of the incident.

**Description of Incident** (provide as much detail as possible, including the sequence of events)

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**Cause of Incident (if known)** (unsafe equipment, player behaviour, external factors)

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**Was the Incident Related to a Specific Event**

Yes (please specify)     No



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**Cause of Incident (if known) (unsafe equipment, player behaviour, external factors)**

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## INJURY AND HEALTH INFORMATION

If the incident involved injury or health concerns, please provide the following details:

### Injury Details

(Please describe any injuries sustained. eg. cuts, sprains, fractures)

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**Body Part Affected (eg. head, arm, leg, back)**

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**Was the injured person transported to a medical facility?**

Yes (please specify)  No

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**Was Medical Assistance requested or provided at the scene?**

Yes (please specify)  No

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## WITNESS

(Please provide details of any individuals who witnessed the incident)

Full Name	Role of Witness(es) (player, coach, volunteer, spectator)	Contact Information (Phone or Email)

**Witness Statement** (Provide a summary of what the witness observed)

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## ACTION TAKEN

Indicate the actions taken at the time of the incident and any follow up actions that are required:

### Immediate Action Taken

<input type="checkbox"/> First Aid administered	<input type="checkbox"/> Equipment Removed from use
<input type="checkbox"/> Emergency Services contacted	<input type="checkbox"/> Incident reported to Incident Coordinator
<input type="checkbox"/> Person Removed from activity	<input type="checkbox"/> Other (please specify)

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### Follow Up Actions

<input type="checkbox"/> Medical assessment scheduled or provided	<input type="checkbox"/> Equipment safety check performed
<input type="checkbox"/> Incident investigated (internal)	<input type="checkbox"/> Parent / Guardian notified (if under 18)
<input type="checkbox"/> Training review (eg. on safety or conduct)	<input type="checkbox"/> Other (please specify)

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### Are Corrective Actions or Preventative Measures required

Yes  No

If Yes, please describe

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## REPORTING

Person completing this report

Full Name	Role in CLFC	Date of report DD/MM/YYYY
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**FOR INTERNAL USE ONLY**

## CLUB SECRETARY REVIEW

Date Reviewed	Reviewed by (Club Secretary Name)
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**Investigation Summary** (*Summary of the investigation or causes identified*)

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**Corrective Actions / Preventive Measures Implemented** (*improved training, equipment replacement, policy updates*)

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Further Follow Up Date      DD/ MM / YYYY

**Outcome of Follow Up** (*was the issue resolved, were further actions required?*)

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## CONFIDENTIALITY AND DATA PROTECTION

This incident report is confidential and will only be shared with those who need to know for the purpose of investigation, follow-up, or regulatory reporting. CLFC will ensure compliance with relevant privacy and data protection laws in handling this information.