



Incident Report Form

Kwinana Athletics Centre

Please complete this form as soon as possible following any incident at the Kwinana Athletics Centre. Submit the completed form to Centre Management for review and record keeping.

Incident Details

Date of Incident	
Time of Incident	
Location within Centre	

Person(s) Involved

Name	Role (e.g. athlete, coach, spectator)	Contact Number	Age (if under 18)

Incident Description

Please provide a detailed description of the incident, including what happened, how it occurred, and any contributing factors:

Injury or Damage Details

- Was anyone injured? Yes / No
- If yes, please describe the injuries: _____
- Was there any property damage? Yes / No
- If yes, please describe the damage: _____

Witnesses

Name	Contact Number	Statement Provided (Yes/No)

Immediate Action Taken

Describe any first aid, emergency response, or other actions taken at the scene:

Person Completing Report

Name	
Position/Role	
Signature	
Date	

For Office Use Only

- Report Received By: _____
- Date Received: _____
- Further Action Required: Yes / No
- Details/Follow-up Actions:
