**Serious Incident Report Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REPORTED BY:** |  |  | **DATE OF REPORT:** |  |
| **TITLE / ROLE:** |  |  | **REPORT FAO: (Name/Organisation)** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **INCIDENT INFORMATION** | | | | | |
| **INCIDENT TYPE:** |  | |  | **DATE OF INCIDENT:** |  |
| **ADDRESS OF INCIDENT:** |  | | | | |
| **LOCATION OF INCIDENT**  ***(if address unknown):*** | |  | | | |
|  | |  | | | |
| **HOW AND WHEN [**name of organization here] **FOUND OUT ABOUT THE INCIDENT** | | | | | |
|  | | | | | |
| **NAME / ROLE / CONTACT OF PARTIES INVOLVED**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **NAME** | **ROLE** | **CONTACT DETAILS** | **D.O.B If Under 18** | **CONSENT TO SHARE DETAILS RECEIVED Y/N** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | | |
| **NAME / ROLE / CONTACT OF WITNESSES**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **NAME** | **ROLE** | **CONTACT DETAILS** | **D.O.B If Under 18** | **CONSENT TO SHARE DETAILS RECEIVED Y/N** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | | |
| **WHO ELSE INCIDENT HAS BEEN REPORTED TO**   |  |  |  |  | | --- | --- | --- | --- | | **NAME OF ORGANISATION** | **ROLE** | **CONTACT DETAILS** | **DATE REPORTED TO** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | | --- | | **INCIDENT DETAILS** | |  |   **ACTIONS TAKEN *(please tick as applicable)***   |  |  | | --- | --- | | **[name of CEO and other relevant staff] NOTIFIED** |  | | **GRANT RECIPIENT NOTIFIED** |  | | **THE BIKEABILITY TRUST NOTIFIED WITHIN 72 HOURS** |  | | **DECISION TO REFER TO POLICE** |  | | **DECISION TO REFER TO SOCIAL SERVICES** |  | | **INVESTIGATION COMMISSIONED** |  | | **INTERNAL LOGS UPDATED** |  | |  |  | |  |  |   **ANY FURTHER ACTIONS TAKEN OR RELEVANT INFORMATION** | | | | | | | |
|  | | | | | | | |