**Serious Incident Report Form**

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

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| --- |
| **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** |
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| **NAME / ROLE / CONTACT OF WITNESSES**

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| **NAME** | **ROLE** | **CONTACT DETAILS** | **D.O.B If Under 18** | **CONSENT TO SHARE DETAILS RECEIVED Y/N** |
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| **WHO ELSE INCIDENT HAS BEEN REPORTED TO**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF ORGANISATION** | **ROLE** | **CONTACT DETAILS** | **DATE REPORTED TO** |
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| **INCIDENT DETAILS** |
|  |

**ACTIONS TAKEN *(please tick as applicable)***

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| **[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** |
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