

**Details of incident/ near miss/ complaint**

Date of the event:	Time:	Activity/ area:	Date reported:		
Incident type:	Near miss	Minor impact (scrapes, minor bruises, splinters, etc.)	Medium impact (concussions, hypothermia, lacerations, sprains, minor fractures)	Major impact (hospital stays, loss of consciousness, surgery)	Life changing (Spinal damage, head injury, single or multiple deaths)
Please tick:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Injured person or complainant details**

Name:	Address
Gender:	
Role (participant, adult helper, staff, etc. circle one)	
DOB:	
Phone:	
Group name:	

**The complaint, near miss , or incident details**

Please write down what, how, where, and other important information:

**Type of injury and first aid treatment given**

Location injury on body:	Injury type:	Other injury:
First aider name:	Doctor or hospital name:	Treatment given:

**Action taken ( Office use only)**

Investigated by:	Insurance, Work safe, Outdoors Mark or MNZ advised (please circle ):	Details entered into incident log:

Action taken: