Victorian Quilters Inc

Mail: PO Box 261 Flinders Lane Vic 8009

Website: www.victorianquilters.org

ABN: 22 921 820 629 INC. No. A0028438J

VQ Incident Report FORM

PLEASE COMPLETE WITHIN 24 HOURS OF INCIDENT

Date Reported to Victorian Quilters Inc.	
Who was it reported to? VicQuilters Comm member	
Victorian Quilters Inc. Committee Position	
Phone :	
TYPE of Incident (circle)	Personal / Group / Property
WHO is reporting?	Victim / witness/ person in charge of event/ other (circle)
Full Name (injured person or owner of property (lost/damaged/stolen)	
Home Address	
Contact phone no:	
Name of Person Reporting or Witness – contact details	
Witness/s Information / contact details	

The personal information requested on this form is being collected by Victorian Quilters Inc. to investigate the incident and to maintain proper Occupational Health & Safety for members.

The applicant understands that the personal information provided is for a record of the incident and to enable contact with them for further information and that they may ask Victorian Quilters Inc. for access and/or correction of the information. This information will be treated confidentially but may be disclosed to our insurers should a claim be lodged or as required by legislation.

You may contact VQ via email info@victorianquilters.org to discuss the incident.

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DATE of incident:	**Time:**
Select one of following	1. Personal Injury___ 2. Property (lost/damaged/stolen) 3.Other _____
1.**WHAT happened?** Eg. Accident - trip over hazard, chair collapse . backing a car . medical eg. Epileptic . stolen property / money – Group / personal	
2.**WHERE did the incident** happen? Eg. in official meeting place/venue , in carpark, scheduled volunteer travelling to place of volunteering	
3.Injury / Damage (please list) Additional information may be written on back of last page.	
Vehicle Damage: . car . mobility vehicle	Vehicle Make/ Registration no/ Insurer:

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Immediate Action taken a.First Aid/medical advice b.Family member called c.Ambulance called e Police called [note Police incident no. & name of officer who attended. If & how area isolated. Removal of unsafe object (if able to do so safely).	
Further Action taken: . reported to Hall owners . reported to Insurers . any other?	
Victorian Quilters Inc. Committee member acting:	
Follow up phone call made to victim: (when & by whom)	
Comments:	
Insurer: Claim information provided	
Additional notes	Please write on back of Form