



COMMUNITY COLLEGE – NORTHERN INLAND INC

INCIDENT REPORT

NAME OF PERSON INVOLVED IN THE INCIDENT:

.....

NATURE OF THE INCIDENT:

.....

Was the person involved a Tutor, Student or Visitor?

ADDRESS

..... Post Code

Phone Number

Date of Incident Time

Location

Describe the incident

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.....

What follow up action was taken?

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.....

Do you require follow up support?

Name, Address and Phone no. of witness

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.....
.....

Reported by

.....
.....

Date

This form is to be completed by the person in charge at any College activity where a person is involved in any type of incident. Please return to the Program Coordinator.