



THE UNITED GRAND CHAPTER OF  
AUSTRALIA  
Order of the Eastern Star

HAVING JURISDICTION WITHIN THE STATES AND TERRITORIES OF AUSTRALIA AND ITS DEPENDENCIES

INCIDENT REPORT FORM

Chapter ..... Date of Meeting.....

**Name and Position of Person reporting Incident**

\_\_\_\_\_

Tel. Contact \_\_\_\_\_

Email Contact \_\_\_\_\_

**Incident Details**

Date of Incident \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Time of Incident \_\_\_\_\_

Location where Incident occurred \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Description of Incident**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Additional information / action taken**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Injured Person (if applicable)**

\_\_\_\_\_

Injured person's address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Tel. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Occupation \_\_\_\_\_

Names and Telephone contact of witnesses of incident

1 \_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

4 \_\_\_\_\_

\_\_\_\_\_

**Injury / Illness Details**

Nature of injury / illness (e.g. cut, bruising, sprain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bodily location of injury / illness (e.g. back, left / right

shoulder, etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Treatment** (please tick all relevant boxes)

No Treatment       First Aid       Doctor

Ambulance       Hospital       Police

Date reported to Chapter Secretary

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date reported to Worthy Grand Secretary \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_