



GLENLOUGH COMMUNITY CENTRE

PERSONAL ACCIDENT REPORT FORM

This form must be completed and returned to the management committee within 7 days.

Name of user group	
Name of injured person	
Address	
Date of birth	
Occupation	
Date and time of accident	
Nature and extent of injuries suffered	
Location of accident	
Cause of accident	
Was the accident caused by negligence of any member of the group?	
Name and address of doctor attending the injured person	
Hospital at which treated	
Name, address and date of birth of witness to the accident	1
Name, address and date of birth of witness to the accident	2

Group leader signature	
Date	
Telephone number	
Address	

Form received by	
Date	
Action taken	