

HAPPY TO CHAT – INCIDENT/ACCIDENT FORM

DATE OF INCIDENT:		TIME			
INJURED PARTY					
NAME OF INJURED PARTY		DATE OF BIRTH			
ADDRESS					
TEL NO:		EMAIL:			
DID INJURY OCCUR:	YES/NO	IF YES DESCRIBE INJURY:			
DETAILS OF INCIDENT					
WITNESS DETAILS					
NAME OF WITNESS		DATE OF BIRTH			
ADDRESS					
TEL NO		EMAIL:			
NAME OF PERSON COMPLETING THIS REPORT					
PLEASE SEND TO:	THE TOWN CLERK, 35 WESTERN RD, BEXHILL-ON-SEA TN40 1DU Or town.clerk@bexhilltowncouncil.gov.uk				
FOR OFFICE USE ONLY					
DATE RECEIVED		DATE LOGGED		UPDATE TO RISK ASSESSMENT NECESSARY	YES/NO
IF YES. DATE UPDATED		OFFICER SIGNATURE			