

Incident Report

This form is to be used for all incidents that occur on Club premises which involve injury to any person to any extent, or when there has been a dog fight/attack/biting event. The information from reports will be used by the WCOC committee to follow up with the parties to each incident, for training to manage incidents, to investigate when appropriate, and to make our club and those within it safer. The information will remain confidential to the committee.

To be completed by a committee member as soon as practicable after the incident

TYPE OF INCIDENT (Circle as many as are relevant)	DOG FIGHT/DOG BITE/DOG INJURY INJURY TO PERSON/EMOTIONAL HARM TO PERSON DAMAGE TO PROPERTY OTHER: Dogs rushing at each other		
DATE		TIME	
PARTIES INVOLVED	VICTIM (PERSON): Contact telephone: Contact email: VICTIM (DOG): Owner: Contract telephone: Contact email: OTHER PARTY (PERSON): Contact telephone: Contact email: OTHER PARTY (DOG): Owner: Contact telephone: Contact email:		

PARTIES INVOLVED (continued)	FURTHER PARTIES INVOLVED: Name: Contact telephone: Contact email:	
WHERE DID THE EVENT OCCUR?	WITHIN CLUB GROUNDS/WITHIN CLUB HOUSE/APPROACH TO CLUB/CAR PARK/ROAD SPECIFICS:	
WHAT HAPPENED? (General overview by committee member)		

WITNESSES (Continue over page if required)	1. Name: Contact:
	2. Name: Contact:
	3. Name: Contact:
	4. Name: Contact:
	5. Name: Contact:
	6. Name: Contact:
HARM (Include physical injury, emotional harm)	
PERSON VICTIM/OTHER	Name: Contact details:
HARM Physical and emotional	
TREATMENT REQUIRED	YES/NO
TREATMENT GIVEN AT CLUB	

AMBULANCE	YES/NO	TIME ARRIVED:	OUTCOME:
FOLLOW UP Committee Member responsible for follow up: 		Same day phone call	Detail:
		Phone call during following week	Detail:
		Further assistance/involvement by WCOC required	Detail:
		What other assistance/involvement does this person want from WCOC?	
		What could WCOC do differently?	
		Is a statement required?	NO/YES – arrange a time for statement to be taken DATE: TIME:
		Statement completed	N/A Date completed:
		Further follow up needed?	YES/NO Detail:
		Incident report to committee	DATE:
		Further follow up as recommended by committee	

INCIDENT RECORDED IN INCIDENT REGISTER	Date of entry	
	Committee member responsible for follow up is responsible for entry of the incident into the register	Entry made by

ENSURE ALL PAGES OF INCIDENT REPORT COLLATED AND FILED IN INCIDENT FOLDER

NOTES:

HARM TO DOG (Include physical injury to dog, emotional harm to handler)	
DOG NAME: VICTIM/OTHER	Name of owner: Contact details: Name of handler at time of incident: Contact details:
HARM Physical to dog and emotional to owner/handler	
TREATMENT REQUIRED FOR DOG	YES/NO
TREATMENT GIVEN AT CLUB	

LESSONS LEARNT (after tabling of report to committee. Points below should noted within the minutes and action points taken as appropriate):

1.

2.

3.

4.

5.

THINGS WE GOT RIGHT:

1.

2.

3.

THINGS WE CAN DO DIFFERENTLY:

1.

2.

3.