*** District Council of Loxton Waikerie***

Principal Office: 29 East Terrace, Loxton ~ Telephone (08) 8584 8000

**Loxton Recreation Complex Public Incident Report Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Details of the person making the report** |  | | |
| **Name of Person** |  | | |
| **Email** |  | | |
| **Postal Address** |  | **Postcode** |  |
| **Mobile** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of the Injured Persons (if different to person listed above)** |  | | |
| **Name of Person** |  | | |
| **Email** |  | | |
| **Postal Address** |  | **Postcode** |  |
| **Mobile** |  | | |

|  |  |
| --- | --- |
| **Details of Incident** |  |
| **Location** |  |
| **Date and Time (if known)** |  |
| **Date reported to Council** |  |
| **What did you damage/Injure**  **(Body part/personal information)** |  |

|  |  |
| --- | --- |
| **Describe what happened** |  |

|  |  |
| --- | --- |
| **Include drawings /pictures if relevant** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Have you sought medical advice/ treatment?** | |  |  | | --- | --- | | **Yes** | Please attach a copy of any relevant documentation to this form | | **No** |  | |
| **If NO, do you intend to seek any medical advice/attention?** | |  |  | | --- | --- | | **Yes** | Please attach a copy of any relevant documentation to this form | | **No** |  | |

|  |  |
| --- | --- |
| **Declaration** | ***The Information Provided on this form is True and Accurate***  ***I Understand that this information may be forwarded to the Local Government Association Mutual Liability Scheme (LGAMLS) for investigation*** |
| **Name of Person** |  |
| **Signature** |  |