

University of Bradford Union Accident/Incident Report Form

Person Reporting Accident/Incident	Name Job title or Student Number Email Phone	
Date accident/incident occurred		
Date accident/incident reported (if different)		
Person Injured Details (If applicable)	Name Email Phone	
Accident/Incident details:		
Location of Accident/Incident		
Nature of Injury (If applicable)		
What medical attention was needed? (If applicable)		
Witnesses (If applicable)	Name Email Phone	
Witnesses Report (If applicable)		
All information given will be kept confidential		