

Arizona 4-H Accident / Incident Report Form Individual / Witness Report



Arizona Cooperative Extension is requesting information to report the nature and circumstances of accidents and incidents occurring at UACE programs. If you do not provide requested information the report may be without pertinent information. The information you provide may be shared with appropriate UACE employees, UACE/4-H volunteers, officials, medical personnel, and others as needed. Information provided to UACE may also be shared among offices within the University of Arizona and outside entities as necessary or appropriate in the conduct of legitimate University business and consistent with applicable law.

Use this form to report all accidents and all medical or non-medical incidents:

- Incidents involving health or safety concerns
- Incidents requiring medical treatment
- Potential violations of the Arizona 4-H Volunteer Behavioral Guidelines
- Potential violations of the Arizona 4-H Code of Conduct.

It is for use with incidents involving youth or adults.

How to file an Accident and Incident Report Form

1. Fill out all sections of the form. Incomplete information may not be useful.
2. Give the completed form to the 4-H volunteer or staff member in charge of the event or activity. In instances where that is not possible (or the 4-H leader or staff member is involved in the incident), mail this form to the County Extension Director. Keep a copy of this form for your records.
3. Use this form (add additional sheets, if necessary) to briefly describe what happened. Include any additional information you feel is important.
4. All relevant information must be reported. This information will be used by the staff to conduct an inquiry into the incident and assist in resolving the issue.
5. Confidentiality of reports will be maintained according to Arizona 4-H policies and guidelines. The Arizona Cooperative Extension System may release information as required by law enforcement or court order.

Person Filing Report Form

Name: _____ Date of Incident: _____

Address: _____ Phone Number: (____) _____

4-H Club/organization: _____ You are a: ___ Member; ___ Leader; ___ Parent; ___ Other _____;

Information Regarding Incident

Date and Time of Incident: _____ Location: _____

Name of 4-H Program/Activity: _____

Adult 4-H Event Coordinator/Supervisor: _____

Was anyone physically injured during incident? ___ Yes; ___ No:

Name(s) of individuals involved in incident:	Youth	4-H Staff	Volunteer	Parent	Other
_____	___	___	___	___	___
_____	___	___	___	___	___
_____	___	___	___	___	___

Were there other witnesses to this incident? ___ Yes; ___ No; If Yes, please list their names below.

Individuals who witnessed the incident:	Youth	4-H Staff	Volunteer	Parent	Other
_____	___	___	___	___	___
_____	___	___	___	___	___

