

# Scouts Canada Incident Report Form

Please submit an incident report for any behaviour or event that raises safety concerns (examples: injury, illness, behaviour inconsistent with the Code of Conduct, property damage, and complaints). Any questions about this process should be sent to [safety@scouts.ca](mailto:safety@scouts.ca).

INFORMATION ON INJURED PERSON OR OWNER OF DAMAGED PROPERTY		
Name:		Birthdate:
Address:		
Phone numbers:	Home:	Work:
Complete this section if this person is a registered member.	Group: Youth member      Adult member	Section:
Date of incident:		
Place and nature of activity:		
Description of incident and nature of injury or property damage (see notes * and ** below.)		
Complete following if applicable:		
Name of doctor consulted:		Telephone:
Name and address of hospital or clinic:		
Witness Name:	Home Phone:	Work Phone:
Witness Name:	Home Phone:	Work Phone:



### INFORMATION ON THE GROUP

Name of Group:		Section:
Name of Leader in Charge:		
Address:		
Phone numbers:	Home:	Work:
	Fax:	E-mail:

### COMPLETE ONLY IF THIS INCIDENT WAS REPORTED TO POLICE

Police Station Name/Number:
Police Station Address:
Name and Phone Number of Officer in Charge:

### REPORTING MEMBER'S INFORMATION

This report must be signed by a currently registered Scouting member or a current employee of Scouts Canada. A copy of this report should also be sent to your local Council Office – see instructions on top of this form.	Full Name:	
	Position in Scouting:	
	Street:	City:
	Province:	Postal Code:
	Telephone (home):	Telephone (work):
	Fax:	E-mail:
	Signature:	Date:

- \* If a vehicle was involved, please include name, address and telephone number of vehicle owner and of the vehicle driver, if not the same.
- \*\* Submission of this report no later than 30 days from the incident date constitutes notice of a potential claim only. To submit a claim, please attach to this form, or send under separate cover, original receipts and/or standard dental claim forms which are available from your dentist. See BP & P, Forms Section 20000,

**For National Office use only:**

Forwarded to broker(s) on \_\_\_\_\_

**Liability      Indemnity**

