

# Slip and Fall Incident Report

## General Information

Date of Incident

Time of Incident

Location of Incident

## Personal Information

Injured Person's Name

Contact Number

Address

## Incident Description

Describe what happened

Possible Cause of Fall

## Injury Details

Describe any injuries sustained

Immediate Action/Treatment Taken

## Witness Information

**Name(s) and Contact (if any)**

**Reporterâ€™s Details**

**Name**

**Contact Number**

**Date**