

Slip and Fall Incident Report

General Information

Date of Incident

Time of Incident

Location of Incident

Personal Information

Injured Personâ€™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