

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.

Incidents should be reported by:

1. If the incident is of a serious nature, immediately calling Scouts Canada at 1-800-339-6643.
Any questions about this process should be sent to safety@scouts.ca.
2. For all incidents including those reported as in 1. above, complete this Incident Report Form and submit it to Scouts Canada by email to safety@scouts.ca OR by FAX to 613-224-3571 OR by mail to Scouts Canada, 1345 Baseline Road, Ottawa, ON K2C 0A7 as soon as possible following the incident
3. Send or give a copy of the Incident Report to your local Council Office.

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:		Section:
	Youth member Adult member		
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

