



Incident Report Form

This form must be completed and submitted to the City within 12 hours of injury or accident occurring on the insured property.

Name of involved person(s): _____ Phone: _____

Address: _____

Date and Time of Incident: _____

Location of Incident: _____

Was injury or illness involved? (If yes, please describe below.)

Please describe below—or attach additional documentation describing—the nature of the incident, name of hospital or physician if used, names and contact info of any witnesses, and narrative of what occurred.

Personal information collected through this form is done so in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and will be used only for the administration of community gardens insurance. Questions about the collection of this information can be directed to Lauren Burr, Neighbourhood Development Office Assistant, at (519) 741-2200 x 7078.

Name of Person Submitting Incident Report: _____ Phone: _____

Signature: _____ Date: _____