



GKR

INCIDENT MANAGEMENT PROGRAM

INCIDENT REPORT

Dojo – Instructor, Sempai, Witness

Date / /
 dd mm yyyy

Region Number

Country *Australia / United Kingdom / New Zealand / USA - Texas*

(Please circle)

Dojo

Instructor

Last Name

First Name

Sempai

Last Name

First Name

NOTE: *This form is to be used for ANY incident that occurs, and is to be brought to the attention of the Senior Regional Instructor immediately.*

DETAILS OF INJURED PERSON

Last Name

First Name

Gender

Male / Female

(Please circle)

Address

Postcode:

Contact
Number

Age

Grade

INCIDENT REPORT

Dojo – Instructor, Sempai, Witness

...continued

Date of injury: / /
dd mm yyyy

Time of injury:

:	am / pm <small>(please circle)</small>
---	---

Brief description of injury:

Details of how injury occurred:

How was injury treated?:

If injured person is under 18 y/o, was the parent notified?: Yes No

Was the injured person able to leave the dojo unassisted or was an ambulance required?:

Instructor Name _____ Signature _____ Date: / /
dd mm yyyy

INCIDENT REPORT

Dojo – Instructor, Sempai, Witness

...continued

Witness 1

Last Name First Name

Gender Male / Female
(Please circle)

Address

Postcode:

Contact Number Age

Grade

Your version of events regarding the injury :

Witness Name _____ Signature _____ Date: / /
dd mm yyyy

Witness 2 (if required)

Last Name First Name

Gender Male / Female
(Please circle)

Address

Postcode:

Contact Number Age

Grade

Your version of events regarding the injury :

Witness Name _____ Signature _____ Date: / /
dd mm yyyy