## **DEVON FEDERATION OF YOUNG FARMERS CLUBS**

Incident reporting form

Date of Incident		Time of Incident	Venue	Location on Site		
The Person Involved						
		Person 1	Person 2	Person 1		
Attitude	Aggressive	Υ	Υ	Name:		
	Angry	Υ	Υ			
	Agitated	Υ	Y	Member / Non Member:		
	Accommodating	Y	Y	Club:		
	Amicable	Y	Y	Glub.		
	Amiable	Υ	<u>Y</u>	Person 2		
Behaviour	Level	Violent/Offensive/Defensive		Name:		
Communication	Words – swearing		Y N Y N			
	Tone – aggressive Non Verbal	Controlled/Animated	Controlled/Animated	Member / Non Member:		
	Eye Contact	Excessive/Normal/Nervous	Excessive/Normal/Nervous	Club:		
Drink and Drugs	Effected by drink	Y N	Y N	Glub.		
Drink and Drags	Effected by drugs		YN	IF MORE THAN TWO PEOPLE		
Emotion		Emotional/Rational	Emotional/Rational	INVOLVED COMPLETE A FURTHER		
Further Knowledge	Witnesses	YN	YN	FORM.		
Briefly describe the sequence of events						
				Witness 1		
				Name:		
				Mobile:		
				Witness 2		
				Name:		
				Name.		
				Mobile:		
				Witness 3		
				Name:		
				Mobile:		
		DE//EO A D :: I: OI	: D: I			

Action taken							
Briefly describe what could have been done to prevent the incident							
Was First Aid administered?		If yes an accident form to be completed					
Were the emergency services in attendance?							
Was the incident reported to the Police?							
Form completed by		Signed					
Position within YFC		Date					

This form should be completed and returned to the County Office ASAP