

Guildford Health Walks Near-Miss Report Form (1 page)

Please email the completed form to incidents@guildfordhealthwalks.org.uk

Walk Group Name and date of walk:	
Person leading the walk:	
Their phone number and email address:	
Affected person	
Their phone number and email address	
Date & time of incident:	
What happened? Please give as much information as possible and include the location.	
Walk Leader Signature and Date	

DATA PROTECTION ACT: All information you provide on this form is treated by us as confidential, and except to the extent required by law, we shall only use such information for the purposes of processing your claim. Information you provide may be forwarded to your Insurer for these purposes.