

Council Use Only	
Date & time form received:	
Received by:	

## Public Incident / Hazard Report Form

(Document Number: L-OPFRM001)

### Details of Person Making Report

Name:

Address:

Phone Number/s:

Email (optional):

### Incident / Hazard Details

Date and time incident occurred, or hazard identified:

Date:  Time (include am/pm):

Incident / Hazard Location (please provide enough details for council to find exact location):

Description of what happened or what could have happened (please provide photos with your report if possible):

### Witnesses (for incident only)

Were there any witnesses to the incident?  Yes  No

If 'yes', please provide contact details:

Witness 1: 

Name:	
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Phone:	
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Witness 2: 

Name:	
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Phone:	
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### Declaration

I declare that, to the best of my knowledge, this is a true and accurate report.

I agree that by typing my name below in 'Name of Signatory' I have signed this form (if completing electronically)

Name of Signatory: 

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Signature: 

	Date:	
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Please submit to Latrobe Council via email, post or in person (contact details at top of form).