

Providence College Department of Theatre, Dance and Film Incident Report Form

An Incident Report should be completed for any event in the theatre or on theatre property in which:

- *A cast, crew member, or an audience member was injured.*

This form should be completed by the person(s) who has witnessed or been part of an incident. Multiple reports on the same incident, or group completion of a form are acceptable.

Completed forms may be given directly to the stage manager and the Managing Director. A copy should be given to the Department Chair.

Name of person who was injured, date, time and location of the incident.

State what happened, as clearly and in as much detail as possible. Include name(s) and role(s) of people involved.

Names of anyone else who may have witnessed the event.

If related to a production, indicate the name of the show, director, stage manager, and producers.

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If action taken at the time, describe fully (e.g. first-aid, trip to the hospital, dialogue with those involved).

Name of person(s) reporting: _____

Signature(s): _____

Contact information (email, phone): _____

Date: _____

Form received by (role): _____

Signature: _____

Date: _____