



Claim/ Incident Form

This report is to be filed by the person making the complaint

Copy to be forwarded to Procurement & Assurance Department for Follow up: _____

Reporting Date: _____

Damage Claimed: Property Damage Bodily Injury Other: _____

Incident Date: _____ Incident Time : _____ (AM/PM)

Location of Incident: _____

Person Filing Report: _____

Address: _____

Phone Numbers: Home: (_____) _____ Business or Cell: (_____) _____

Incident Description

Describe the incident in as much detail as possible. Remember to include what happened, the condition of the municipal property (if relevant), your direction of travel, etc. If necessary, please draw a diagram on a separate page showing where the incident happened or if more writing space is required. **Note:** All Actions taken by the Municipality are done without admitting liability. This includes investigations, payments made, etc.

Why do you think the Town is responsible and what would you like the Town to do?

Property Damage (if any)

Property Damaged: _____

Identifying Characteristics (License #, Serial #, etc.): _____

Extent/ Type of Damage (If relevant, attach estimate): _____

Age of Item: _____ Other Notes: _____

Bodily Injury (Include ALL injuries, use additional sheets if necessary)

Person Injured: _____

Age: _____ Phone Number: _____

Address: _____

Describe the Injury:

Location of Treatment: _____

Attending Physician: _____

Phone Number of Physician: _____

I give consent to the Town of Stony Plain's representative to contact the Attending Physician to speak to facts directly related to this claim only: _____

Witnesses

1) Name: _____ Phone Number: _____

Address: _____
1) Witness' Signature

2) Name: _____ Phone Number: _____

Address: _____
2) Witness Signature

IF REPORTED TO THE POLICE: (Attach copy)

Constable's Name: _____ File # _____

By signing below, I confirm the facts stated here are true. By signing below I also give my consent to share this information with the RCMP, the Town of Stony Plain's representative and the Town's insurance provider and/or adjuster assigned to the claim. This information is collected strictly for the reporting and handling of the incident; general information shall be retained as part of an incident reporting log and risk management.

Claimant's Signature

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of collecting information from the Citizen Complaint Report for the Town of Stony Plain. Direct any questions about this collection to: FOIP Coordinator at the Town of Stony Plain 780-963-2151.