

Report Your Fall!

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Have you stumbled, tripped or fallen in a public place? Have you noticed a dangerous place where you think a fall could easily happen? Use this form to note the details and then contact us with your information. We will add it to our records and use everyone's experiences to support our case for making public places safer for seniors.

1. Please explain what happened.

2. Could the fall have been prevented?

3. Who fell?

Myself Spouse Parent Client Other: _____

4. When did this happen?

Day _____ Month _____ Year _____

5. Where did you fall and what caused you to fall?

Please be as detailed as you can. Give an address or a description.

(For example: *slipped and fell on wet floor in lobby of Town Hall; tripped on uneven pavement in front of 51 Elm Street—almost fell, but caught myself*)

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6. Suggestions for improvements to the location.

7. Did you fall at: a familiar place where you often go? an unfamiliar place?

8. Do other seniors often go there? Yes No

9. Were you hurt? Yes No

10. Did you get medical attention? Yes No

11. Type of injury: Bruise Cut Broken bone Sprain
 Other: _____

12. Have you ever reported this hazard before? Yes No

If yes, to whom? _____

Your Name: _____ Phone: _____

Please return to:

Local Preventing Falls Together Coalition: _____

Contact Person: _____ Phone: _____

Mailing Address: _____