

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: _____

Reporting Hazards in Your Community

Don't wait for someone to fall! If you see a trouble spot, report it before someone gets hurt.

1. Describe the hazard you found and the location:

Examples: a crack in the sidewalk, burned-out street light, washed-out shoulder along the road, blocked culvert, or potholes

2. Where is it? Indoors Outdoors

Please be as specific as you can. Give us either:

- The closest street address – for example: the sidewalk in front of 25 Elm Street **OR**
- A description of the location – for example: the bottom step on the first level of the parking garage at County Mall

3. Do many seniors walk along this route? Yes No

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

If yes, to whom? _____

5. When did you see the hazard?

Date: _____

Your Name: _____ Phone: _____

Local Preventing Falls Together Coalition: _____

Contact Person: _____