

## **Incident Report Form**

This form is to be used to register all injuries or mishaps that take place during church programs or events on or off church premises. It is also to be used for all suspicious child abuse or neglect.

**Name:** \_\_\_\_\_ **Male:** \_\_\_\_\_  
**Female:** \_\_\_\_\_

**Home Address:**

\_\_\_\_\_ Town, State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Reporter: \_\_\_\_\_

Home Address: \_\_\_\_\_

Town, State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Briefly describe the nature and extent of the injury, accident or abuse. Include specifics such as date, time, and location.

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2. Describe the circumstances under which you became aware of the incident include the name of any witnesses.

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3. Indicate action taken by Staff and/or Authorized Volunteers. Include the names of Staff and/or Authorized Volunteers.

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4. Please give any other information, which you think might be helpful in establishing the cause of the incident(s) and/or the person(s) responsible for it. If known, please provide the name(s) of the alleged perpetrator(s).

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Signature of Reporter \_\_\_\_\_ Date \_\_\_\_\_

Role/function/position of Reporter: \_\_\_\_\_

**For Office Use only**

Date Report Received: _____ Report Received by: _____
_____ (If injured Person is a child) Copy Submitted to Parents/Guardian
Date Submitted: _____
Submitted by: _____
_____ Copy Submitted to Reporter:
Date Submitted: _____
Submitted by: _____
Further Action: _____
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Comments: _____
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