**CHURCH INCIDENT REPORT FORM**

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| **INCIDENT DETAILS** |

**Date of Incident**: [DATE OF INCIDENT] **Time**: [TIME] [ ]  AM [ ]  PM

**Church Name**: [CHURCH NAME] **Incident Location**: [INCIDENT LOCATION]

**Describe the Incident**: [DESCRIBE THE INCIDENT]

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| **PARTIES INVOLVED** |

1. **Full Name**: [FULL NAME] **Phone**: [PHONE] **E-Mail**: [EMAIL]

**Address**: [ADDRESS]

1. **Full Name**: [FULL NAME] **Phone**: [PHONE] **E-Mail**: [EMAIL]

**Address**: [ADDRESS]

1. **Full Name**: [FULL NAME] **Phone**: [PHONE] **E-Mail**: [EMAIL]

**Address**: [ADDRESS]

1. **Full Name**: [FULL NAME] **Phone**: [PHONE] **E-Mail**: [EMAIL]

**Address**: [ADDRESS]

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| **INJURIES** |

**Was anyone injured?** [ ]  Yes [ ]  No

**If yes, describe the injuries**: [INJURY DESCRIPTION]

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| **PARENT / GUARDIAN NOTIFICATION** |

*If children or youths are involved in the incident, their parents or guardians must be notified.*

**Were children or youths involved in the incident?** [ ]  Yes [ ]  No

**Was the parent/guardian notified?** [ ]  Yes [ ]  No

**Name of person who contacted parent/guardian**: [NAME OF PERSON]

**Staff person in charge at time of incident**: [NAME OF STAFF PERSON]

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| **WITNESSES** |

**Were there witnesses to the incident?** [ ]  Yes [ ]  No

**If yes, enter the witnesses’ names and contact info**:

1. **Full Name**: [NAME]

**Phone**: [PHONE]

**E-Mail**: [EMAIL]

1. **Full Name**: [NAME]

**Phone**: [PHONE]

**E-Mail**: [EMAIL]

1. **Full Name**: [NAME]

**Phone**: [PHONE]

**E-Mail**: [EMAIL]

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| **POLICE / MEDICAL SERVICES** |

**Police Notified?** [ ]  Yes [ ]  No **If yes, was a report filed?** [ ]  Yes [ ]  No

**Was medical treatment provided?** [ ]  Yes [ ]  No [ ]  Refused

**If yes, where was medical treatment provided?**

[ ]  On site [ ]  Hospital [ ]  Other: [OTHER]

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| **INDIVIDUAL FILING REPORT** |

**Full Name**: [FULL NAME] **Title/Role**: [TITLE/ROLE]

**Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) **Date**: [DATE]