

CHURCH INCIDENT REPORT FORM

INCIDENT DETAILS

Date of Incident: _____

Time: _____ ☐ AM ☐ PM

Church Name: _____ Incident Location: _____

Describe the Incident:

PARTIES INVOLVED

1. Full Name: _____ Phone: _____ E-Mail: _____
Address: _____

2. Full Name: _____ Phone: _____ E-Mail: _____
Address: _____

3. Full Name: _____ Phone: _____ E-Mail: _____
Address: _____

4. Full Name: _____ Phone: _____ E-Mail: _____
Address: _____

INJURIES

Was anyone injured? ☐ Yes ☐ No

If yes, describe the injuries:

WITNESSES

Were there witnesses to the incident? ☐ Yes ☐ No

If yes, enter the witnesses' names and contact info:

1. Full Name: _____
Phone: _____
E-Mail: _____
2. Full Name: _____
Phone: _____
E-Mail: _____
3. Full Name: _____
Phone: _____
E-Mail: _____

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: _____

Staff person in charge at time of incident: _____

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: _____

INDIVIDUAL FILING REPORT

Full Name: _____ Title/Role: _____

Signature: _____ Date: _____