

Incident Report

Instructions

Complete this report under any of the following situations:

- A person becomes ill or receives an injury on church property that requires First Aid or medical treatment while on the property.
- An incident occurs that jeopardizes the safety emotionally or physically of anyone on church grounds.

Incident report forms are kept in the church office.

Upon completion, immediately submit this report to one of the pastors of the church. If one of the pastors is not available, or if the incident involves one of the pastors, submit this report to an elder who is serving on Session.

Date of Incident:	Time of Incident:
Person/People involved:	
Contact Information for the victim(s) Telephone: Address:	
Nature of Incident:	
Location of Incident:	
Brief Description of Incident:	
Was the above information: <input type="checkbox"/> Reported to you by someone else? If so, who: _____ <input type="checkbox"/> Directly observed/witnessed by you?	

Action(s) Taken: (Check all that apply.)

- Provided First Aid What/When _____
- Call placed to 911 By Whom _____
- Taken to hospital By Whom _____
- Notified Parent/Guardian (if victim was a minor) Who/When: _____
- Notified Church Official Who/When: _____
- Notified Authorities Who/When: _____
- Other _____

Provide all pertinent details about the incident:

Printed Name of Person Completing This Report:

Position at the Organization:

Signature: _____ Date: _____

Signature of Church Official: _____ Date: _____

If there was a witness to incident, please provide contact information:

Name: _____

Address: _____

Telephone: _____

Email: _____