



Date of incident _____

Date report filed _____

Person filing report _____

Instructions:

As close as possible to the time the incident occurred, a copy of this report must be filled out by the person responsible for the area of ministry where the incident occurred. Other eyewitnesses to the incident (preferably adults) may also fill out additional copies of this form.

Your involvement in the incident

Describe the incident

Where the incident occurred (location)

Individuals who were injured and a description of the injuries

Describe action taken on behalf of injured

Names of others involved in the incident

Name of the adult in charge at time of incident

Names of other witnesses

Cause of incident (in your opinion)

Additional comments