

Incident Report

Date of incident: _____

Date report filed: _____

Person filing report: _____ Your signature: _____

Instructions:

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

Who all were involved in the incident: (write full names if you know them)

Describe the incident:

Where the incident occurred (location):

Name of the adult in charge at the time of incident:

Cause of incident (in your opinion):

Incident Report

Individuals who were injured, a description of the injuries, and the action taken on behalf of injured:

Any other information that might be helpful:

Once this form is completed please return it to the ministry's leadership or the church's leadership staff...