

INCIDENT REPORT

This form is to be used to report injuries, damage, or violations of *Safe Church Policy* that occur during Church programs, offsite Church sponsored activities, and activities conducted by authorized users within the building or on the grounds.

Injured person's name and address: _____

Telephone number: _____ Date of birth: _____

Name and address of reporter: _____

Telephone number: _____ email: _____

Date/time and location of incident: _____

Briefly describe the incident: _____

Name(s) and telephone number(s) of witnesses: _____

Indicate action taken by church employees and/or volunteers, including names:

Please give any other information which you think might be helpful in establishing the cause of the incident and/or the responsible person, including the names(s) of any alleged

perpetrators(s), if known: _____

Signature of reporter: _____ Date: _____

Role/function/position of reporter: _____

DELIVER THIS INCIDENT REPORT WITHIN 24 HOURS TO THE RECEPTACLE ON THE WALL ADJACENT TO THE CHURCH OFFICE DOOR OR TO THE SAFETY OFFICER(S) WHOSE PHONE NUMBER IS LISTED BY EACH OF THE TELEPHONES AND ON THE BULLETIN BOARD OUTSIDE OF THE CHURCH OFFICE.