SAMPLE INCIDENT REPORT FORM

This form must be completed and filed for any accident or injury, as well as suspected or observed misconduct or abuse. When completed, submit this form to [person/location]. If you have questions, contact [person] at [phone and e-mail address].

REPORT INFORMATION:		
Reported By:	Date of Report:	
Title/Role (if applicable):		
E-Mail Address:	Phone Number:	
INCIDENT INFORMATION:		
Incident Type (select all that apply): ☐ Accident ☐ Injury ☐ S	Suspected/Observed Misconduct/Abuse Other:	
Date and Time of Incident:	Event (if applicable):	
Location:	City, State & Zip:	
Specific Area of Incident (e.g. playground):		
Victim(s): (If possible, provide ages and phone numbers)		
Name: Age:	Phone Number:	
Name: Age:	Phone Number:	
Name: Age	Phone Number:	
Name: Age:	Phone Number:	
Parties Involved: (If possible, provide phone numbers)		
Name:	Phone Number:	
Witnesses: (If possible, provide phone numbers)		
Name:	Phone Number:	
Incident Description: (attach extra pages, if needed)		
Was medical treatment provided? ☐ Yes ☐ No ☐ Refused		
If yes, where/how was treatment provided: ☐ On Site ☐ EMT/.		



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OFFICE USE ONLY:		
Parent/Guardian notified in the event of an ad	ccident or injury?	
☐ Yes (attach copy of communication)	Date:	Initials:
Police report filed in the event of suspected/o	bserved child/vulnerable ad	dult abuse?
☐ Yes (attach copy of report)	Date:	Initials:
Senior Pastor notified? (if not involved)		
☐ Yes (attach copy of communication)	Date:	Initials:
Supervisor notified? (if not involved)		
☐ Yes (attach copy of communication)	Date:	Initials:
Staff/Pastor Parish Committee notified? (if clean	ergy or staff person involved	d)
☐ Yes (attach copy of communication)	Date:	Initials:
Follow-up action:		
Incident Inquiry and Follow-Up Closed:		
Signature:		Date:
Printed Name and Title:		