

INCIDENT REPORT

INJURED PERSON OR PROPERTY OWNER

Full Name: _____ DOB: ____/____/____

Address: _____

Phone: Home: _____ Cell: _____ Work: _____

Gender: ☐ Male ☐ Female

Family Position: ☐ Adult ☐ Child/Minor (please provide name of the childcare worker at the time the incident/accident occurred): _____

Status: ☐ Attender ☐ Volunteer ☐ Staff

DETAILS OF INCIDENT/ACCIDENT

Date of loss/accident: ____/____/____ Time of loss/accident: ____:____ ☐ AM ☐ PM

Exact location of loss/accident: _____

Who witnessed the incident/accident? (names and phone numbers): _____

What was the individual doing prior to the incident? _____

What happened and how did it occur? _____

Describe the property damage or part of the body injured: _____

Describe immediate action taken and by whom: _____

Describe any conditions that may have contributed to the incident: _____

WHO WAS NOTIFIED/CONTACTED?

Was the accident/incident reported to the police? ☐ No ☐ Yes

Was treatment given at site of incident? ☐ No ☐ Yes

Who provided the treatment and what type of treatment was given: _____

Was treatment given away from site of incident? ☐ No ☐ Yes

Off-site treatment location _____

If a minor, was parent contacted? ☐ N/A ☐ Yes

Describe which parent was contacted, who made contact, when/how contact was made.

PERSON COMPLETING THIS REPORT

Print Name: _____ Phone number: _____

Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY

Describe any official follow-up actions taken with dates. _____

Incident Officer Review: _____

Signature: _____ Date: ____/____/____

Executive Pastor Review: _____

Signature: _____ Date: ____/____/____