



INCIDENT REPORT FORM

(Please print all information)

Date of incident _____ Time of incident _____

Name of child/youth involved _____
(A separate form should be completed for each child involved in order to keep the information confidential)

Address of child/youth _____

Phone number of child/youth _____

Name of parent / guardian _____

Location of incident _____

Name of person(s) who witnessed the incident

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please describe incident as seen/heard and actions taken _____

Any additional relevant information, please document

Signature of person completing this form _____ Date _____

(Upon completion of this form, immediate contact should be made with a church staff member who is responsible for Christian Education or pastoral care. This form should be given to the staff member responsible for the program and should be filed with the business administrator. This form may be used to report any suspicion of abuse as well as an accident.)