



Incident Report

Name of Injured/Victim: _____ Age: _____

Date and Time of Incident: _____

Place of Incident: _____

Caregiver at the Time of Incident: _____

Describe Incident:

Describe nature of injury:

Name of any other person(s) involved: _____

Witness(es) to Incident:

Is abuse, harassment, or bullying suspected, reported, or witnessed? YES NO

Type(s): _____

Was a parent/guardian contacted? YES NO Time: _____ How? _____

Was a doctor contacted? YES NO Time: _____ Name: _____

What action was taken?

Describe medical treatment/first aid: _____

Follow-up suggested: _____

Next Steps: _____

Completed by: _____ On _____

Signature of Caregiver/Person Making Report

Date

Signature of Parent/Guardian

Date

Signature of Ministry Leader/Authority Figure

Date

Signature of Pastor

Date