**[Name of Church Here]**

**Incident/Accident Report Form**

Must be filled out by Pastor

Form must be kept on file.

Church Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ erson completing Report\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**PEOPLE**

Person(s) Involved:

Age Gender Member Staff Visitor/Group

*If member of Outside Group, is Waiver and Release on file?*  Yes No

Witness (es) to incident:

Name Age

Name Age

Name Age



**INCIDENT**

Type of Incident: Behavioral Accident Illness Other

Location: ­ Date: Time:

What led up to the incident:

Describe the incident:

What actions were taken after the incident:

**INCIDENT REPORT pg 2** *In case of injury, complete the following:*

Identify type & bodily location of injury:

Was any injury a result of a violation of a rule, order, or law by the injured? **Yes No**

*If yes, describe violation*

List any objects or equipment involved in the injury:

Nature of first aid administered:

Person(s) administering first aid:

Did the injured leave the facility**: Yes**  **No**

If yes, with whom?

 Where were they taken?

**FOR CHILDREN/YOUTH PROGRAMS**

Were parents notified? **Yes**  **No**

Who contacted the parents & when?

Staff person in charge at time of incident:

Staff to participant ratio at time of incident:

**SAFE SANCTUARY POLICY INCIDENT**

If this incident involves alleged child or vulnerable adult abuse:

Was the appropriate state agency notified? **Yes No** Date/Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Making Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Agency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was an Assistant to the Bishop or the Bishop contacted? **Yes No** Date/Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Making Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person Contacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_