



“CONNECTING PEOPLE WITH GOD
IN PRACTICAL WAYS”

Incident Reporting Form

Please print all information!

Date of incident _____ Time of incident _____

Name of child/youth injured _____ Age _____

Address of child/youth _____

Location of incident _____

Parent or guardian _____

Name of person(s) who witnessed the incident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Description of incident: (use separate sheet if additional space is needed)

Action taken: (use separate sheet if additional space is needed)

Parents notified _____ (include date and time)

Report filed with Youth Pastor _____ Chief Ministry Officer _____ Senior Pastor _____

Name of person filling out this report _____

Signature _____ Date _____