

## CHURCH INCIDENT REPORT FORM

Complete this form to document significant incidents during church events, such as accidents, health emergencies, or safety concerns. Submit it within 24 hours of the incident.

**Incident Report Date:** \_\_\_\_\_, 20\_\_\_\_

### PERSON INVOLVED

- **Name:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Identification Type:**
  - State ID No. \_\_\_\_\_
  - Social Security No. \_\_\_\_\_
  - Other ID: \_\_\_\_\_
- **Telephone:** (\_\_\_\_) - \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

### DETAILS OF THE INCIDENT

- **Occurrence Date:** \_\_\_\_\_, 20\_\_\_\_
- **Time of Incident:** \_\_\_\_\_  AM  PM
- **Event Location:** \_\_\_\_\_
- **Incident Description:**

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### INJURY INFORMATION

- **Were there any injuries?**  Yes  No
- **If yes, describe the injuries:**

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### WITNESS INFORMATION

- **Did anyone witness the incident?**  Yes  No
- **If yes, provide details of witnesses (name and contact information):**

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**LAW ENFORCEMENT AND MEDICAL INTERVENTION**

- **Were police notified?**  Yes  No
  - **If yes, was a police report filed?**  Yes  No
  - **Was medical assistance rendered?**  Yes  No  Refused
  - **Location of medical treatment (if applicable):**  Onsite  Hospital  Other:
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**REPORT SUBMISSION**

- **Submitted by (Signature):** \_\_\_\_\_
- **Date Submitted:** \_\_\_\_\_, 20\_\_\_\_
- **Printed Name of Submitter:** \_\_\_\_\_

**ADMINISTRATIVE USE ONLY**

- **Received By:** \_\_\_\_\_
  - **Date Received:** \_\_\_\_\_, 20\_\_\_\_
  - **Actions Taken Following Review:**
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