

# Church Incident Report

Your Church Name, Address, City, St, Zip

## Reporting Party

Reporter:		Date:	
Position:			
Contact Info.	Home Phone: (   ) -	Cell Phone: (   ) -	
E-Mail:			

## Incident Information

Nature of Incident:	
Exact Location of Incident:	
Date of Incident:	Time of Incident:     :             A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>
Staff Member in Charge:	

Description of Incident: *(Include specific details and summary. Use additional sheets if needed.)*

## Involved Parties

Name:	Home Phone:	Cell Phone:
Involved: <input type="checkbox"/> Witness: <input type="checkbox"/>	(   ) -	(   ) -
Name:	Home Phone:	Cell Phone:
Involved: <input type="checkbox"/> Witness: <input type="checkbox"/>	(   ) -	(   ) -
Name:	Home Phone:	Cell Phone:
Involved: <input type="checkbox"/> Witness: <input type="checkbox"/>	(   ) -	(   ) -

## Additional Information

Injuries Reported:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Injured Person(s):
Medical Response:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Injuries:
Police Response:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Agency and Case Number:
Fire/EMS Response: Yes <input type="checkbox"/> No <input type="checkbox"/>	Agency and Case Number:

## Reviewed By: *Internal Use Only*

Reviewed by Staff Member:	Date of Review:
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