

## **INCIDENT REPORT FORM**

|  |  |  |
| --- | --- | --- |
|  | **SIGNATURE** | **DATE** |
| Person Reporting |  |  |
| Witness |  |  |

*Complete both sides of this form and attach*

*a statement from witnesses.*

Person involved

|  |  |
| --- | --- |
| Injury incurred | Suspected Confirmed  |
| Where Incident/Injury Occurred |  |
| When Incident Occurred | Time: Date: |
| Names of Witnesses |  |
| Person Completing Report |  |
| Details of Incident *(if insufficient space, use reverse side)* |
| Who, in your estimation, was responsible for the incident occurring? |  |
| Initial action taken:(Medical help sought, parents notified, witnesses interviewed, statement taken etc.) |  |
| Name of hospital and any medical personnel involved |  |
| Follow up action taken (or still required) |  |

**INCIDENT Report Form**

Please draw a neat sketch showing where the incident occurred. Indicate the principle features (buildings etc) and the location of authorised church personnel.

**LOCALITY DIAGRAM**