

Incident Report Form

Date of Incident: _____ Time of Incident: _____ Location of incident: _____

Incident Type (circle): Suspicious Medical Domestic Dispute Disorderly Person Service Interruption
 Custody Issue Assault Vandalism Other: _____

Was anyone visibly injured in the incident? Yes No Was a person under 18 years of age involved in this incident? Yes No
Was law enforcement called to this incident? Yes No If yes, provide the agency case number if given: # _____
Was medical or fire called to this incident? Yes No

Briefly describe the nature of this incident: _____

Person ONE (circle type): Victim of Incident Perpetrator Suspicious Witness Volunteer Involved Person who complained	
Name: _____	Residence Address: _____
City: _____ State: _____ Zip Code: _____	Phone: _____
Person is child? Yes No If yes then age: _____	Person is guardian/parent of child? Yes No

If Vehicle involved in incident describe details know: Make: _____ Model: _____
Circle one: 2 door 4 door pickup van wagon Color of vehicle: _____
Vehicle License plate: _____ State License plate from: _____
Other descriptors of vehicle: _____

Person TWO (circle type): Victim of Incident Perpetrator Suspicious Witness Volunteer Involved Person who complained	
Name: _____	Residence Address: _____
City: _____ State: _____ Zip Code: _____	Phone: _____
Person is child? Yes No If yes then age: _____	Person is guardian/parent of child? Yes No

Person THREE (circle type): Victim of Incident Perpetrator Suspicious Witness Volunteer Involved Person who complained	
Name: _____	Residence Address: _____
City: _____ State: _____ Zip Code: _____	Phone: _____

Volunteer / Ministry Leader / Usher / Security / Staff involved or witness to incident:

Name: _____ Injured? Yes/No Daytime phone: _____

Name: _____ Injured? Yes/No Daytime phone: _____

Name: _____ Injured? Yes/No Daytime phone: _____

Name: _____ Injured? Yes/No Daytime phone: _____

Further reporting information on reverse side of this sheet

Incident Report Form *(Continuation Page)*

Provide further details of this incident (use separate sheet of paper if necessary):

Are you attaching another sheet of paper to this report to continue the details of this incident? Yes No

Reporting Person

Name: _____ *Your role/function at time of incident:* _____

Daytime phone: _____ Evening phone: _____

Signature of Reporting Person: _____ Date of Report: _____

Based on this incident who do you want to get copies of this incident report? (Circle all that apply)

Staff Insurance Company Local Churches Security Leader Lead Usher
Local Police Local Sheriff's Office Ministry Leaders Other: _____

<i>For Office Staff Use Only</i>				
Date report received: _____	Received by: _____			
Incident report copies sent to the following locations as requested <i>(circle once done):</i>				
Staff	Insurance Company	Local Churches	Security Leader	Lead Usher
Local Police	Local Sheriff's Office	Ministry Leaders	Other: _____	
Copies distributed by: _____		Date completed: _____		
Other Copies of report requested:				
Date: _____	Requesting Person/Organization: _____		Sent: _____	
Date: _____	Requesting Person/Organization: _____		Sent: _____	
Date: _____	Requesting Person/Organization: _____		Sent: _____	

Further reporting information on reverse side of this sheet