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| **INCIDENT DETAILS**  |
| Date of incident: | Click or tap to enter a date. |
| Type of incident: | Click or tap here to enter text. |
| Specific Location: | Click or tap here to enter text. |
|  |  |
| Day of the week: | Select a day | Time: | Click or tap here to enter time. |

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| **AFFECTED PERSON** |
| Full Name: | Click or tap here to enter name. |
| Address: | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
| Phone number: | (h): | Click or tap here to enter text. |
|  | (m): | Click or tap here to enter text. |
|  | (w): | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |
| Date of Birth: | Click or tap to enter a date. |

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| **REPORT** |  |
| Reported by: | Enter name here | Position: | Enter text here |
| Reported to: | Enter name here. | Position: | Enter text here |
| Date Reported: | Select date. | Time: | Enter time |
| Reported to parent/guardian: (name) | Enter name here |
| By whom: | Enter name here | Date: | Select date. |

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| **TREATMENT INFORMATION** |
| **First Aid:** | Yes: [ ]  No: [ ]  | **Doctor:** | Yes: [ ]  No: [ ]  | **Ambulance:** | Yes: [ ]  No: [ ]  |

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| **DETAILS OF ALLEGED INJURY:** |
| Click or tap here to enter text. |

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| **DESCRIPTION OF INCIDENT:** |
| Click or tap here to enter text. |

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| **WITNESS INFORMATION:** |
| **Witness 1** |  |
| Full Name: | Click or tap here to enter name. |
| Address: | Click or tap here to enter text. |
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| Phone number: | (h): | Click or tap here to enter text. |
|  | (m): | Click or tap here to enter text. |
|  | (w): | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |
| Date of Birth: | Click or tap to select date. |

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| **Witness 2** |  |
| Full Name: | Click or tap here to enter name. |
| Address: | Click or tap here to enter text. |
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| Phone number: | (h): | Click or tap here to enter text. |
|  | (m): | Click or tap here to enter text. |
|  | (w): | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |
| Date of Birth: | Click or tap to select a date. |

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| **Witness 3** |  |
| Full Name: | Click or tap here to enter name. |
| Address: | Click or tap here to enter text. |
|  |
| Phone number: | (h): | Click or tap here to enter text. |
|  | (m): | Click or tap here to enter text. |
|  | (w): | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |
| Date of Birth: | Click or tap to select a date. |

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| **ACTION TAKEN:** |
| Click or tap here to enter text. |

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| **PERSON COMPLETING FORM:** |
| Name: | Enter name here | Position: | Enter text here |
| Signed: |  | Date: | Select todays date. |

**Do not give a copy of this Report to the affected person.
Print and sign this completed form and keep with the Parish Safe Ministry records indefinitely.**