|  |  |  |  |
| --- | --- | --- | --- |
| **INCIDENT DETAILS** | | | |
| Date of incident: |  |  |  |
| Type of incident: |  |  |  |
| Specific Location: |  | | |
|  |  | | |
| Day of the week: |  | **Time:** |  |

|  |  |  |
| --- | --- | --- |
| **AFFECTED PERSON** | | |
| Full Name: |  | |
| Address: |  | |
|  |  | |
| Phone number: | (h): |  |
|  | (m): |  |
|  | (w): |  |
| Email: |  |  |
| Date of Birth: |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REPORT** |  | | | |
| Reported by: |  | Position: | |  |
| Reported to: |  | Position: | |  |
| Date Reported: |  | Time: | |  |
| Reported to parent/guardian: (name) |  | | | |
| By whom: |  | Date: |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TREATMENT INFORMATION** | | | | | |
| **First Aid:** | Yes: 🞏 No: 🞏 | **Doctor:** | Yes: 🞏 No: 🞏 | **Ambulance:** | Yes: 🞏 No: 🞏 |

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| **DETAILS OF ALLEGED INJURY:** |
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| **DESCRIPTION OF INCIDENT:** |
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|  |
|  |

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| --- | --- | --- |
| **WITNESS INFORMATION:** | | |
| **Witness 1** |  | |
| Full Name: |  | |
| Address: |  | |
|  |  | |
| Phone number: | (h): |  |
|  | (m): |  |
|  | (w): |  |
| Email: |  |  |
| Date of Birth: |  | |

|  |  |  |
| --- | --- | --- |
| **Witness 2** |  | |
| Full Name: |  | |
| Address: |  | |
|  |  | |
| Phone number: | (h): |  |
|  | (m): |  |
|  | (w): |  |
| Email: |  |  |
| Date of Birth: |  | |

|  |  |  |
| --- | --- | --- |
| **Witness 3** |  | |
| Full Name: |  | |
| Address: |  | |
|  |  | |
| Phone number: | (h): |  |
|  | (m): |  |
|  | (w): |  |
| Email: |  |  |
| Date of Birth: |  | |

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| **ACTION TAKEN:** |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSON COMPLETING FORM:** | | | |
| Name: |  | Position: |  |
| Signed: |  | Date: |  |

**Do not give a copy of this Report to the affected person**

**This completed form is to be kept with the Parish Safe Ministry records indefinitely.**