

## 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:

## DETAILS OF ALLEGED INJURY:

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## DESCRIPTION OF INCIDENT:

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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: \_\_\_\_\_

**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.**