

| |
|---|
| Fully Describe What You Observed: |
| Anyone else you know who may have witnessed the incident? |
| Name: _____ |
| Address: _____ |
| Telephone: _____ Email: _____ |

| |
|--------------------------------|
| Printed Name of Witness: _____ |
| Signature: _____ |
| Date Signed: _____ |

| | |
|--|--------------|
| Printed Name of Person Completing This Report: _____ | |
| Position at the Organization: _____ | |
| Address: _____ | |
| Telephone: _____ | Email: _____ |
| Signature: _____ | Date: _____ |
| Signature of Church Official: _____ | Date: _____ |

WITNESS REPORT

| | |
|------------------------|--------------|
| Name: _____ | |
| Address: _____ | |
| Telephone Numbers: | |
| Home: _____ | Work: _____ |
| Cell: _____ | Email: _____ |
| Date/Time of Incident: | |

Was the above information:

Reported to you by someone else? If so, who: _____

OR

Directly observed/witnessed by you?

Action(s) Taken: (Check all that apply.)

Provided First Aid What/When _____

Call placed to 911 By Whom _____

Taken to hospital By Whom _____

Notified Parent/Guardian Who/When: _____

Notified Church Official Who/When: _____

Notified Authorities Who/When: _____

Other _____

Witnesses to Incident:

Name: _____

Address: _____

Telephone: _____

Email: _____

Name: _____

Address: _____

Telephone: _____

Email: _____



SafeChurch® Sample Incident Report

Instructions

Complete this report under any of the following situations:

- A. A child becomes ill or receives an injury that requires First Aid or medical treatment while in your care;
- B. A child receives a bump or blow to the head or other visible injury regardless of treatment;
- C. A child is transported by ambulance from your facility;
- D. An unusual or unexpected incident occurs that jeopardizes the safety of a child, such as a child left unattended, there is a vehicle accident (with or without injuries), or a child is exposed to a threatening person or situation;
- E. There is an allegation or reasonable suspicion of abuse of a child.
Important: Consult your state's mandatory reporting requirements for further information on abuse reporting; OR
- F. As otherwise required by any state licensing or other authority, such as childcare or daycare licensing. .

| | |
|--|-------------------|
| Date of Incident: | Time of Incident: |
| Name and Approximate Age of Child Involved (One Report per Child): | |
| Contact Information for Child Involved: Parent/Guardian: _____ Address: _____ Telephone: _____ Email: _____ | |
| Nature of Injury/Incident: | |
| Location of Incident: | |
| Description of Incident: | |