

Name of Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Congregation: \_\_\_\_\_ (i.e. Anaheim English, Anaheim Spanish, etc.)

Type of incident (check one):  Accident  Allegation

Other (specify): \_\_\_\_\_

### PARTIES INVOLVED

**A** Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian: \_\_\_\_\_

**B** Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian: \_\_\_\_\_

Staff or Volunteers involved: \_\_\_\_\_

Other adults who witnessed or were present during the incident: \_\_\_\_\_

### INCIDENT DETAILS

Date of occurrence: \_\_\_\_\_

Date first reported: \_\_\_\_\_

How was this reported? \_\_\_\_\_

Describe the incident as reported or witnessed (be factual and objective): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any visible injuries?  No  Yes (please list here) \_\_\_\_\_

Were pictures of incident taken?  No  Yes (please attach to this report)

### RESPONSE

How, where and by whom were the injuries treated? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of parents/guardians notified: \_\_\_\_\_

Who notified them? \_\_\_\_\_

Date/Time Notified: \_\_\_\_\_

What doctor, hospital or care facility was seen for this incident: \_\_\_\_\_

Does this incident require mandatory reporting to authorities?  No  Yes

(please consult with Pastoral Care Pastor)

If yes, what authority was notified? \_\_\_\_\_ Date/Time Notified: \_\_\_\_\_

Action taken by authority: \_\_\_\_\_

### SIGNATURES

**A** Signature (parent/guardian if minor): \_\_\_\_\_ Date: \_\_\_\_\_

**B** Signature (parent/guardian if minor): \_\_\_\_\_ Date: \_\_\_\_\_

**Preparer's** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witness 1** name: \_\_\_\_\_ signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witness 2** name: \_\_\_\_\_ signature: \_\_\_\_\_ Date: \_\_\_\_\_