

INCIDENT REPORTING FORM

Your Church:		IBID#:
Date of this report:		Date of Accident:
Reported by:		Date Reported to Church:
Status of injured party (circle one): Guest Parishioner Employee Clergy Volunteer Contractor (or an employee)		
Injured Party	Name: _____ Date of Birth: _____	
	Address: _____ Phone: _____	
	Parent/guardian (if a minor): _____ Email: _____	
	Employer (if a contractor's employee): _____	
Known Injuries/Damage	Give a detailed description:	
Injured at the following location (circle one): Sanctuary Halls/Classroom Parking Sidewalks Playgrounds Off-premises		
Specific location:		
Organized activity (circle one, if it applies): Worship Pre-Schools Sunday School Organized Athletics Field Trip Adult Education		
Activity Leader or Supervisor:		
Description of incident	Give a detailed description include activity involved, sequence, cause, others involved, equipment involved, expressions regarding cause or fault:	
What actions or conditions might have prevented the incident or reduced the severity?		
Other factors contributing to the incident (training, fatigue, darkness, weather, etc.)?		
Description of physical evidence:		
Emergency response actions:		
Photos available and who has them:		
Actions taken, if any, to prevent another incident:		
Investigation by:	Name: _____ Phone: _____	
	Email: _____ Date: _____	