



# INCIDENT REPORT

- This report is to document any mishap, conflict, inappropriate behavior, or situation that could cause injury or could present a liability to the Council, such as arguments, fights, emotional outbursts, lost child, "near miss" incidents, radically threatening weather.
- Submit this form within 24 hours of an incident that occurs during a Girl Scout activity.
- Please type or print clearly in black or blue ink.

*Submit completed form to:*  
**Girl Scouts of Connecticut**  
**Attn: Incident Reports**  
**Hartford Service Center**  
**340 Washington Street**  
**Hartford, CT 06106**  
**Phone (860) 522-0163 Fax (866) 735-3447**

**Type of Occurrence (check all that apply)**

- Incident  
 Damage to property (please explain) \_\_\_\_\_

## Section A – Description of Incident

Individual Involved in Incident						
1. Full Name of Individual	Troop/Group#	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Please check all that apply: <input type="checkbox"/> Staff <input type="checkbox"/> GS Member <input type="checkbox"/> Non-member <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (explain)		
Address			City	ST	Zip	
Name of Parent or Guardian (if minor)				Email		
Home Phone		Cell Phone		Work Phone		
2. Full Name of Individual	Troop/Group#	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Please check all that apply: <input type="checkbox"/> Staff <input type="checkbox"/> GS Member <input type="checkbox"/> Non-member <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (explain)		
Address			City	ST	Zip	
Name of Parent or Guardian (if minor)				Email		
Home Phone		Cell Phone		Work Phone		
3. Full Name of Individual	Troop/Group#	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Please check all that apply: <input type="checkbox"/> Staff <input type="checkbox"/> GS Member <input type="checkbox"/> Non-member <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (explain)		
Address			City	ST	Zip	
Name of Parent or Guardian (if minor)				Email		
Home Phone		Cell Phone		Work Phone		
Nature of Incident <input type="checkbox"/> Behavioral <input type="checkbox"/> Animals/Plants/Insects <input type="checkbox"/> Use of Tools <input type="checkbox"/> Acts of Nature <input type="checkbox"/> Other (please describe)						
Details of Incident (Please attach additional explanation, if needed.)						
Day of Week	Date (MM/DD/YYYY)	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Name and address of Incident		
Provide specific location at address where incident took place. Make diagram on a separate paper, if necessary.						
Was individual participating in an activity at time of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what activity? (check below) <input type="checkbox"/> Troop/Group Trip <input type="checkbox"/> Troop/Group Camping <input type="checkbox"/> Council Event <input type="checkbox"/> Service Unit Event <input type="checkbox"/> Training <input type="checkbox"/> Other (please describe)						
Describe the incident. Include sequence of activities in detail and what the individual was doing at the time, if applicable.						
Describe emergency procedures followed at time of incident, including First Aid/CPR/Medical Treatment, emergency transportation, etc. <b>If medical treatment was required, an Accident/Injury Report must be completed.</b>						
Name of individual who rendered aid. (Please include full name, phone number, and title/qualifications.)						
Who was notified? (if minor was injured, Parents/Guardians must be notified) <input type="checkbox"/> Parents/Guardians <input type="checkbox"/> 911 <input type="checkbox"/> Ambulance <input type="checkbox"/> Police <input type="checkbox"/> Camp Nurse <input type="checkbox"/> Certified Troop First Aider <input type="checkbox"/> Council (employee name/phone #) _____ <input type="checkbox"/> Other (Name/Phone #) _____				How were they notified? <input type="checkbox"/> Writing <input type="checkbox"/> Phone <input type="checkbox"/> In person <input type="checkbox"/> Other (explain on back)		Date and Time notified Date: _____ Time: _____



## INCIDENT REPORT (CONT.)

Names and contact information of witnesses (You may wish to attach signed statements.)						
Name	Address				Phone	
Name	Address				Phone	
Name	Address				Phone	
First Response to Incident						
Date (MM/DD/YYYY)	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	By Whom?	Title of responder	Overall Reaction	
Description				City	ST	Zip
Follow Up Response to Incident						
Date (MM/DD/YYYY)	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	By Whom?	Title of responder	Overall Reaction	
Description				City	ST	Zip
Council Staff Notification						
Name of council staff member			Position		Date	
Describe any contact made with/by media regarding this situation. <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Other <input type="checkbox"/> None						
(Do not make any statements to the press; refer all media contact to GSOFACT Communications Department, Hartford Service Center.)						
Individual Completing This Form						
Name	Title		Phone		Date	
Address			City		ST	Zip

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only	
Date Form Received _____	<input type="checkbox"/> Original to CFO
Copies to: <input type="checkbox"/> Human Resources <input type="checkbox"/> CEO <input type="checkbox"/> COO <input type="checkbox"/> Sr. Director of Membership Services	
Follow-up phone call needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments	
Workers Comp. Claim filed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Filed (mm/dd/yyyy): _____	Claim # _____
Girl Scout Insurance Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Filed (mm/dd/yyyy): _____	
Attachments: <input type="checkbox"/> Health Form <input type="checkbox"/> State Report <input type="checkbox"/> Witness Statements <input type="checkbox"/> Medical Receipts <input type="checkbox"/> Other (please describe): _____	
Follow-up needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments:	