

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:	