

Westwood Baptist Church

Incident Report Form

This form shall be used by staff and/or members that witness or become aware of an incident causing injury and/or damage to property.

This report shall be given to a staff member or turned into the church office as soon as possible.

Person Completing this Report:

Reason for report: _____

Date of incident: _____ Time: _____

Place of incident: _____

Name(s) Injured: _____ Age: _____

Address: _____

(Add others if necessary)

Property Damaged:

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Briefly describe what happened:

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Was Ambulance Called? Yes No.

Comments: _____

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What action did you take or was taken at the time?

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Were there any witnesses? Yes No

List others who witnessed the incident or responses:

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Has the cause of the incident been removed? Yes No N/A

Explain: _____
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Are there other follow-up steps you believe should be taken?

Incident Report Completed By:

_____ Date: _____

(Signature)

For Staff Use Only

Was the insurance company informed: Yes No Date: _____

Date contact made with injured parties: _____

Name of staff person following up: _____

Briefly describe what injured party alleged happened:

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Is additional investigation needed? Yes No

Explain: _____

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Was the incident reported to local authorities? Yes No

By Whom: _____

Reported to: _____ Time: _____ Date: _____

Investigating Police

Officer: _____

Star/Badge #: _____

Signed: (Staff Member):

_____ Date: _____

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*This report should be kept on file in the church office for a **Minimum** of three years from date of incident.*

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