UNITED OUTREACH CHURCH
INCIDENT REPORT FORM

Forms should be submitted immediately when possible or not later than 2 to 3 days after incident.

Today's Date:_____ **Date of Report:**_____ **Time:**_____

Nature of Report:

Briefly describe nature of incident. (ie cuts, broken bones, theft, damage, dispute)

Date and time incident occurred:_____

Specific location of incident:_____

Complete this section for All individuals involved in the incident.

Name:_____ **Age:**_____ **Membership:** ☐Member ☐Guest ☐Other_____

Home Phone:_____ **Mobile:**_____ **Work Phone:**_____

Name:_____ **Age:**_____ **Membership:** ☐Member ☐Guest ☐Other_____

Home Phone:_____ **Mobile:**_____ **Work Phone:**_____

If minor, were parents or guardians notified? ☐Yes ☐No **Please specify:** ☐Parent ☐Guardian

Name:_____

Home Phone:_____ **Mobile:**_____ **Work Phone:**_____

Complete this section for witness(es) to the incident.

Name:_____ **Home Phone:**_____ **Mobile:**_____ **Work Phone:**_____

Address:_____ **City:**_____ **State**_____ **Zip Code**

Name:_____ **Home Phone:**_____ **Mobile:**_____ **Work Phone:**_____

Address:_____ **City:**_____ **State**_____ **Zip Code**_____

Briefly describe the incident: _____

Were police notified? ☐Yes ☐No **Police Case Number:** _____

If possible, attach a copy of police report.

Briefly describe the injury: _____

Medical Treatment Performed/Offered

Was medical treatment offered and/or required? ☐Yes ☐No

If so, by whom? _____ **Contact Number:** _____

Was first aid/treatment provided? ☐Yes ☐No

If so, by whom? _____ **Contact Number:** _____

Were any of the following performed?

☐BP_____ ☐Temp_____ ☐Pulse_____ ☐Other _____

Hospital/Ambulance Information

Was ambulance contacted? ☐Yes ☐No **Was person taken to hospital by ambulance?** ☐Yes ☐No

Which Hospital? _____

Name of ambulance company and car number? (if available): _____

Did person refuse to be taken to hospital by ambulance? ☐Yes ☐No

Ministry Support Follow-Up Report

Follow-Up Date: _____ **Follow-Up Time:** _____

Brief Status: _____

Name of person completing this report: _____

Telephone Number: _____ **Signature:** _____