## FAITH COMMUNITY CHURCH INCIDENT REPORT

Date of Incident:	Time of Incident:
Name of person Involved:	Child
Contact Information for person Involve	
Individual/Parent/Guardian:	
Address:	
Telephone:	Email:
Nature of Injury/Incident:	
InjuryChurch Property Dam	nageAssault
Other:	
Location of Incident:	
SanctuaryFoyerChildre	en WingOffice WinGE.B. CenterOutback
GarageKitchenParking	LotShed
Description of Incident:	

Was the above information:			
Reported to you by someone else? If so, who:			
☐ Directly observed/witnessed	by you?		
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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			
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:		
Fully Describe What You (	bserved:	
	200.100.	
Printed Name of Witness:		
Cianatura		
Signature:		
Date Signed:		
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