



INCIDENT REPORT

Please fill out the following report with **specific** dates and incidents.

Participant is a: Minor Adult

Participant's **Name:** _____ Today's **date:** ____ / ____ / ____

Report filled out by: _____ Parent Name (if minor): _____

Date of incident/concern recognized: ____ / ____ / ____

Type of incident: Medical Intervention Discipline

Additional person(s) involved (if applicable): _____

Assessment of incident (please check all that apply):

- This incident is a medical case**
- This incident is manageable, but needed noted through this report**
- This incident is greatly concerning, I will watch closely through intense follow up**
- This incident is beyond me; this person must be referred to the Pastor**
- Extreme situation, needs professional aid**

Briefly write the nature and **details** of the incident: (continue on the back if necessary)

Actions taken:

Remarks from participant: (optional)

Participant's contact information:

Phone: _____ Parent's Phone: _____

Address: _____

City: _____ State _____ Zip _____

My signature states that **I understand and agree** to the accuracy of that which is stated above:

Signature (person who filed report)

Signature of participant (optional)

Signature of leader

****Make a copy to give the participant of the incident and keep a copy for the church***