



Ben Washington Baptist Church

INCIDENT REPORT

Please print clearly with ink
Please complete all blanks or place N/A

Reported by: _____ Date of Report: _____

Title/ Role: _____ Phone #: (_____) _____

Name of Party Involved: _____ Date of Incident: _____

Time of Incident: _____ AM/ PM Location of incident: _____

Address of Party: _____

Phone #: (_____) _____ Date of Birth: _____

Name of Parent/ Guardian (if applicable): _____

Notified: ___ Yes ___ No How/ When: _____

Name of person(s) who witnessed the incident: (attach witness statement for each)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Describe Incident: _____

Describe nature of injury: _____

What action was taken: (law enforcement called, emergency medical personal, etc.): _____

Medical Treatment: ___ No Treatment ___ First Aid ___ Health Clinic ___ Emergency Medical Treatment

Church Staff Notified: ___ Yes ___ No Whom/ When: _____

Signature of Reporter: _____ Date/ Time: _____

Received by: _____ Date/ Time: _____