



## INCIDENT REPORT FORM

This form is to be used to document all incidents, injuries, accidents, or mishaps that take place at any property and/or facility of Grove Church or at any Grove Church activity at any location. It is also to be used for all suspicions of child abuse or neglect.

**Date / Time / Location of Incident:** \_\_\_\_\_

**Name of Person Involved:** \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Is Person Involved a member of Grove Church? \_\_\_\_ Yes \_\_\_\_ No If not a member of Grove,

Member of \_\_\_\_\_ Guest of \_\_\_\_\_

Parent or Guardian, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Daytime Phone, if different: ( ) \_\_\_\_\_

Email of Person Injured/Involved: \_\_\_\_\_

**Name of Person Reporting:** \_\_\_\_\_

Role/Function/Position of Person Reporting: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Daytime Phone, if different: ( ) \_\_\_\_\_

Email of Person Reporting \_\_\_\_\_

**Briefly describe the incident including nature and extent of any injury, accident, or abuse:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the circumstances under which you became aware of the incident. Include the names and phone numbers of witnesses:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the names of witnesses who have information about the incident and any action taken by them:

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Were emergency responders called? \_\_\_ Yes \_\_\_ No If so, what agency? \_\_\_\_\_

Name(s) of Grove Executive Staff notified? \_\_\_\_\_

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Date and time Executive Staff notified? \_\_\_\_\_

What, if any resources, were provided to the person involved? \_\_\_\_\_

Please provide any additional information you think might be helpful in establishing the cause of this incident and/or the person(s) responsible for it.

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Signature of Person Reporting: \_\_\_\_\_ Date: \_\_\_\_\_

<i>For Office Use Only</i>
Date Report Received: _____ Report Received by: _____
___ (If Injured Person is a child) Copy submitted to Parent/Guardian
Date submitted: _____ Submitted by: _____
___ Copy submitted to person reporting
Date submitted: _____ Submitted by: _____
___ Congregational Care notified for Follow-up
Date Notified: _____ Who Notified: _____
Further Action Needed or Taken:
_____
_____
Comments:
_____
_____
_____

Completed report must be submitted to Security Officer on duty before leaving premises or within 24 hours of the incident. For additional instructions, please contact the Director of Security, 484-4149 ext 307.