**Incident Report Form**

Use this form to report accidents, injuries, medical situations, or arguments, disruptions of service or classes, etc. If possible, the report should be completed within 24 hours of the event. Submit completed forms to the Security Ministry Office.

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| **INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT** |  |
| Full Name Click or tap here to enter text. |  |
| Home Address Click or tap here to enter text. Click here to enter text. |  |
| Member [ ]  |  Employee [ ]  |  Visitor [ ]  |  Vendor [ ]  |  |
| Phone Numbers | Home Click or tap here to enter text. | Cell Click or tap here to enter text. | Work Click or tap here to enter text. |  |

Hazard [ ]  Injury [x]  Theft [ ]  Disruptive Behavior [ ]  Property Damage [ ]  Collision [ ]  FYI [ ]

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| **INFORMATION ABOUT THE INCIDENT** |
| Date of IncidentClick or tap to enter a date. | TimeClick or tap here to enter text. | Police Notified [ ]  Yes [ ]  No |
| Location of IncidentClick here to enter text. |
| Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible(attached additional sheets if necessary)Click or tap here to enter text. |
| Were there any witnesses to the incident? [ ]  Yes [ ]  NoIf yes, attach separate sheet with names, addresses, and phone numbers. |
| Describe damage, injuries, etc.Click or tap here to enter text. |
| Was medical treatment provided? [ ]  Yes [ ]  No [ ]  RefusedIf yes, where was treatment provided: [ ]  on site [ ]  Paramedic [ ]  Emergency Room [ ]  Other |

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| **REPORTER INFORMATION** |
| Individual Submitting Report: Click or tap here to enter text.  |
| Email Address; Click or tap here to enter text. |
| Date Report Completed: Click or tap to enter a date. |

**FOR OFFICE USE ONLY**

Report Received by

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**FOR OFFICE USE ONLY**

Document any follow-up action taken after receipt of the incident report.

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| **Date** | **Action Taken** | **By Whom** |
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