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| **Incident Report Form** |  |

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| Step 1: When did the incident happen? | |
| **Date of Incident** DD/MM/YYYY: | **Time of Incident**:       AM/PM |
| If you did not see the incident, when were you first told about it? | |

|  |  |  |  |  |  |  |
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| **Step 2: Type of incident** | | | | | | |
| ***Choose* ONE *incident type only*** | | | | | | |
| Break-In/Theft | Illness/Injury | | | | Other (Please specify below) | |
| Assault | Vandalism | | | |  |  |
| Verbal Abuse | Drugs/Alcohol Related | | | |  |  |
| Harassment | Damage to Property | | | |  |  |
|  | | | | | | |
|  | | | | | | |
| **Location of incident**: | |  | | | | |
| What happened? | | | | | | |
| *Incident details should be a brief factual account of the Incident. Include who was involved; how, where, and when the incident occurred; who was injured; and the nature and extent of injuries (if applicable):* | | | | | | |
| **Describe the incident and the immediate response of staff :** | | | | | | |
|  | | | | | | |
| **Equipment damaged?** | | | Yes | No | | |
| **Details of damage**: | | | | | | |
|  | | | | | | |

**Staff/Witnesses**

**Participants/Witnesses**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Step 3: Who was involved?** | | | | | | | | | | | | | |
| *Please complete for each* ***participant*** *involved in the incident, including* ***witnesses*** | | | | | | | | | | | | | |
|  | **Name** | **Contact Information** | **Visitor?** | **Child?** | **Parent?** | **Other Congregant?** | | **Participant**  **/Witness**  **(P/W)** | | **Check box if injured** | | | **Check box if medical attention required** |
| **1** |  |  |  |  |  |  | |  | |  | | |  |
| **2** |  |  |  |  |  |  | |  | |  | | |  |
| **3** |  |  |  |  |  |  | |  | |  | | |  |
| **4** |  |  |  |  |  |  | |  | |  | | |  |
| *If more than four participants/witnesses are involved in an incident, please attach an additional sheet with their details.* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| *Please complete for each* ***staff member*** *involved in the incident, including staff who witnessed the incident:* | | | | | | | | | | | | | |
|  | **Name** | **Title** | **Email** | | | | **Phone** | | **Tick box**  **if injured** | | **Tick box if medical attention**  **required** | **Participant**  **/Witness**  **(P/W)** | |
| **1** |  |  |  | | | |  | |  | |  |  | |
| **2** |  |  |  | | | |  | |  | |  |  | |
| **3** |  |  |  | | | |  | |  | |  |  | |
| **4** |  |  |  | | | |  | |  | |  |  | |
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| --- | --- | --- | --- | --- | --- | --- |
| **Reporting person’s name**: | | | **Reporting Person’s Telephone:** | |  | |
| **Position**: | | |  | |  | |
| **Signed**: |  | | **Date of report:** | |  | |
| **Time of report:** | |  | |
| **Step 4: What actions have been taken?** | | | | | | |
|  | | | | | | |
| **Please describe what actions have been taken to address safety risks and what will be done to prevent reoccurrence of the incident:** | | | | | | |
|  | | | | | | |
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