

Concord United Methodist Church

8955 Concord Church Road
Lewisville, North Carolina 27023
336-945-3691

Incident Report Form

This form must be completed and filed for any accident or injury, as well as suspected or observed misconduct or abuse. When completed, submit this form to the Pastor. If you have questions, contact the Chairman of Administrative Council.

REPORT INFORMATION:

Reported By: _____ Date of Report: _____

Title/Role (if applicable): _____

E-Mail Address: _____ Phone Number: _____

INCIDENT INFORMATION:

Incident Type (select all that apply): Accident___ Injury___ Suspected/Observed Misconduct/Abuse___ Other: _____

Date and Time of Incident: _____ Event (if applicable): _____

Location: _____ City, State & Zip: _____

Specific Area of Incident (e.g. playground): _____

Victim(s): (If possible, provide ages and phone numbers)

Name: _____ Age: _____ Phone Number: _____

Name: _____ Age: _____ Phone Number: _____

Name: _____ Age: _____ Phone Number: _____

Name: _____ Age: _____ Phone Number: _____

Parties Involved: (If possible, provide phone numbers)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Witnesses: (If possible, provide phone numbers)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Incident Description: (attach extra pages, if needed)

Was medical treatment provided? Yes ___ No ___ Refused ___

If yes, where/how was treatment provided: On Site ___ EMT/Ambulance ___ Urgent Care ___ Emergency Room/Hospital ___

Specific Location: _____

OFFICE USE ONLY:

Parent/Guardian notified in the event of an accident or injury?

Yes (attach copy of communication) Date: _____ Initials: _____

Police report filed in the event of suspected/observed child/vulnerable adult abuse?

Yes (attach copy of report) Date: _____ Initials: _____

Pastor notified? (if not involved)

Yes (attach copy of communication) Date: _____ Initials: _____

Supervisor notified? (if not involved)

Yes (attach copy of communication) Date: _____ Initials: _____

Staff/Pastor Parish Committee notified? (if clergy or staff person involved)

Yes (attach copy of communication) Date: _____ Initials: _____

Follow-up action:

Incident Inquiry and Follow-Up Closed:

Signature: _____ Date: _____

Printed Name and Title:
