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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  |  |  |
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| **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 :**       |
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| **Equipment damaged?** | [ ] [ ] Yes | [ ] [ ] No |
| **Details of damage**:       |
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**Staff/Witnesses**

**Participants/Witnesses**

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| **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.* |
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| *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?** |
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| **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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