

Incident Report

Roseburg Alliance Church

Date of Incident	Time of Incident
Name and Approximate Age if Child (One Report per Person)	
Nature of Injury/Incident:	
Location of Incident:	
Description of Incident:	
<p>Was the above information:</p> <p><input type="checkbox"/> Reported to you by someone else? If so, who: _____</p> <p>OR</p> <p><input type="checkbox"/> Directly observed/witnessed by you?</p>	
<p>Action(s) Taken: (check all that apply)</p> <p><input type="checkbox"/> Provided First Aid What/When _____</p> <p><input type="checkbox"/> Call placed to 911 By Whom _____</p> <p><input type="checkbox"/> Taken to hospital By Whom _____</p> <p><input type="checkbox"/> Notified Parent/Guardian Who/When _____</p> <p><input type="checkbox"/> Notified Church Official Who/When _____</p> <p><input type="checkbox"/> Other _____</p>	
<p>Witnesses to Incident:</p> <p>Name _____ Telephone _____</p> <p>Address _____</p> <p>Email _____</p>	

Name _____ Telephone _____

Address _____

Email _____

Reporting Person

Printed Name of Person Completing This Report _____

Position held at RAC _____

Address _____

Telephone _____ Email _____

Signature _____ Date _____

Parent/Guardian (for incidents involving minors)

Parent/Guardian Name _____

Date/Time Informed of Incident _____

By signing below, the parent/guardian of the listed child verifies that they have been informed of the incident and understand the actions taken in response to the incident.

Parent/Guardian Signature _____

For Internal Use Only

Church Official Name _____

Date/Time Informed of Incident _____

Signature of Church Official _____

Is a Witness Report Needed? __Yes __No

Does the Senior Pastor need to be informed? __Yes __No

Senior Pastor Name _____

Date/Time Informed of Incident _____

Signature of Senior Pastor _____

Witness Report

(Roseburg Alliance Church)

Name _____

Address _____

Phone Number _____ Email _____

Date/Time of Incident _____

Fully Describe What You Observed

Anyone Else you know who may have witnessed the incident?

Name _____

Address _____

Phone Number _____ Email _____

Printed Name of Witness _____

Signature _____ Date _____