



INCIDENT REPORT

For recording an unusual event that occurred on diocesan property and/or involved employees or volunteers representing a parish or school during a diocesan activity. [Ex: a student is injured on a field trip in a personal vehicle; a parishioner faints in the church during Mass; personal property is damaged during an activity; or an unintended event is reported to a staff member.]

Parish/School/Location: _____

INFORMATION ABOUT PERSON INVOLVED IN THE EVENT				
Full Name				
Home Address	Street	City	State	ZIP
Phone Numbers	Home	Cell	Work	
<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Vendor				

INFORMATION ABOUT THE INCIDENT		
Date of Incident	Time	Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident		
Description of Incident (what happened, how it happened, factors leading up to the event, etc.) Be as specific as possible. Attach additional sheets if necessary.		
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach separate sheet with names, addresses, and phone numbers.		
Was the individual injured? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury(ies).		
Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If yes, where was treatment provided? <input type="checkbox"/> On-site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other		

REPORTER INFORMATION	
Individual Submitting Report (print name)	
Phone Number	Email address
Date Report Completed	
Signature	