

INCIDENT REPORT FORM



Activity/Event Details

Campus: **GBR**__ **GTR**__ **HPT**__ **HWV**__ **SFD**__ **YKR**__

Name of Event/Class _____ Location in Building _____

Staff Contact (for questions) _____ Email _____

Involved Person (for multiple injuries from the same incident, please fill out multiple reports)

Name _____ Address _____

Age _____ Date of Birth _____ If Minor Parent's Name _____

Email _____ Phone # _____

Injury or Incident Details (include statements from injured)

Date _____ Location of injury/incident room#, hallway, parking area etc.) _____

Conditions of area (weather, dry, wet, etc.) _____

Give Details of injury/incident:

Witness _____ Phone _____ Email _____

Witness _____ Phone _____ Email _____

First Aid/Type? _____ Did Liberty Medical Team Respond? __ Y __ N Team Member? _____

Was EMS Called? __ Y __ N If Minor, were parents notified? __ Y __ N Comments _____

Incident Report Form Completed by:

Name _____ Title _____

Email _____ Phone _____

Date _____

Please make sure that you have legibly completed this form.

Page 2 to be completed for Damage to Property, Suspect Information, First Responders, Follow up Information, etc.



Damage to Property Details

What was damaged? _____ Where did damage occur? _____

Suspect Details (if any of the above incidents involve a suspect, please give any details below)

Male _____ Female _____ Hair Color _____ Skin Color _____ Eye Color _____

Description of clothing _____

Unique Features/Marks _____ Vehicle Description _____

Signatures

Campus Pastor/Representative _____ Date _____

Safety Director/Assistant Director _____ Date _____

Plan of Action (suggestions for prevention, Actions taken, Plans to follow up etc)

Notes, Additional Details, Comments, Follow up: