

# Incident Report Form



This form must be filled out as soon as possible in response to an incident involving any of the items listed in the "type of incident" section below. Submit this completed form to the Pastor of Family Ministries.

## Child/Youth Information

---

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## Event/Program Information

---

Program/Event Name: \_\_\_\_\_

Full names of ministry staff present who witnessed or heard about the incident: \_\_\_\_\_

Other ministry staff present at event/program: \_\_\_\_\_

## Incident Summary

---

- Type of incident (check one):  First Aid    Medical Emergency    Allergic Reaction    Substance Abuse  
 Physical Altercation    Questionable or concerning behaviour  
 Report/Suspicion of Abuse, Neglect, or Intention Severely Harm Another/Oneself  
*(If the "Report/Suspicion..." box above is checked, you **must** report this to the authorities. You must also attach written personal testimony from all ministry staff who witnessed or heard about the incident. Refer to the QBC "Policies & Procedures for Children & Youth Workers" document for instructions.)*  
 Other

One Sentence Summary: \_\_\_\_\_

## Incident Detail (attach extra pages if necessary)

---

What were the events leading up to the incident? \_\_\_\_\_

Describe exactly what happened with as much detail as possible: \_\_\_\_\_

What actions did the ministry staff take? \_\_\_\_\_

Did you contact parents?  Yes    No   If yes, what was their response? \_\_\_\_\_

## Declaration

---

I affirm that this is a true account of my recollection of the incident above.

Number of pages attached: \_\_\_\_\_

Ministry Staff Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_