



MINISTRY INCIDENT REPORT FORM

Complete within 24 hours of accidents, incidents or injuries occurring during ministry activities.

REPORTER'S INFORMATION

Reporter's Full Name:		Ministry/Dept.:	
Involved Party Full Name:		Gender:	Age or DOB:
Phone:	Alternate Phone:		
Parent/Guardian Name (if under 18):			
Additional Party Full Name:		Gender:	Age or DOB:
Phone:	Alternate Phone:		
Parent/Guardian Name (if under 18):			

INCIDENT INFORMATION

Date / Time / Place of Incident:
Description of Incident (what was party doing when incident occurred; specific injuries; medical care emergency, etc.):

Witnesses / Others involved in incident:

Phone:

FOR OFFICE USE ONLY

ACTION TAKEN:

- Unsafe conditions to be resolved. Instruct volunteer workers. Other: _____
- Unsafe behavior to be corrected. No action is required, simply noted.