

General Incident Report Form
CONFIDENTIAL

Parish or Program Name: _____

Geographical Location: _____

Report date: _____ Time of report: _____ AM/PM
(DD/MM/YR)

Full Name of child/youth/adult: _____

Age/Grade: _____ (Not necessary for adult)

Date of Birth/Approximate Age _____ Gender: M F

Home Address: _____

Phone Number: _____ E-mail: _____

Cell Number: _____

Name of Parent/Guardian (for child/youth) or caregiver (for adult): _____

Notified: Yes No IF yes, date/time of notification: _____
DD/MM/YR TIME

Mailing Address: _____

(If different from above)

Date/time and location of incident: _____

DD/MM/YR	TIME	LOCATION
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Description of incident(s): (If additional space is required attach additional sheet(s))

Names/contact information of witnesses:

NAME	HOME PHONE #	CELL PHONE#
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NAME	HOME PHONE #	CELL PHONE#
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Description of injuries sustained:

Description of action taken:

Additional information you think is relevant:

Direct quotes from child/youth/adult: (Note: If this is an abuse allegations, do not interview the child/youth but report only the comments they share with you.)

Signature:

Name

Position of Person Making the Report

I hereby confirm that the information provided in this report is accurate to the best of my knowledge.

Name of Person making report (please print): _____

Home Phone/Cell Phone: _____

Home Mailing Address: _____

E-mail Address: _____

Signature of Person making report: _____

Date: _____

DD/MM/YR

NOTE: The person filing this report must submit the original to the Diocese Responsible Ministry Coordinator, within 24 hours during the regular work week (Monday-Friday and exclusive of holidays). The person reporting the incident should keep one copy for their personal records. If this is an allegation of abuse of a person under 16 years of age, it must be reported immediately to a protection agency or police. (See section on reporting procedure.)