

INCIDENT REPORT

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE, (HOME): _____ (WORK): _____

AGE: _____ SEX: _____

DATE: _____ TIME: _____

PLACE IT OCCURRED: _____

WAS THE PASTOR AND EXECUTIVE BOARD NOTIFIED? _____

WAS ANY ACTIONS TAKEN BY US? _____

WHAT? _____

WAS THE PERSON TAKEN TO THE HOSPITAL? _____

WHICH? _____

WHO WAS THE ATTENDING PHYSICIAN? _____

NAME OF WITNESS _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE, (HOME): _____ (WORK): _____

NAME OF WITNESS _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE, (HOME): _____ (WORK): _____

BRIEFLY DESCRIBE THE INCIDENT: _____

NAME OF PERSON FILING THIS REPORT: _____

Copies are to be sent to: the pastor and executive board.