

INCIDENT REPORT

Santa Cruz Valley United Methodist Church

Report completed by _____

Incident reported by _____

Name of minor _____ Age _____

Minor's parent/guardian _____

Address _____

Phone (home) _____ (cell) _____

Contact with parent/guardian _____ phone _____ in person

Date, time _____

Date, time, location of incident _____

Description of incident _____

Others person/people involved or witnessing incident _____

Interview with minor by whom _____

Date, time _____

Action taken/Follow-up needed _____

Staff member signature _____

Date, time _____