

INCIDENT/ACCIDENT REPORT FORM – sample

<Name of Faith Community Organisation>

SECTION A – The Details

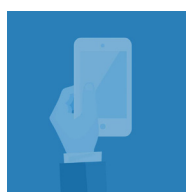
DATE (of report)	WRITTEN BY
Date of incident:	
PERSON(S) INVOLVED	
Personnel informed: <input type="checkbox"/> Senior Ministry Leader <input type="checkbox"/> Ministry Coordinator <input type="checkbox"/> Pastoral Care Leader <input type="checkbox"/> Safe Child Safe Standards Representative <input type="checkbox"/> Safeguarding Officer <input type="checkbox"/> Other _____	

Type of Incident	
<input type="checkbox"/> injury	<input type="checkbox"/> behaviour
<input type="checkbox"/> disclosure*	<input type="checkbox"/> property damage
<input type="checkbox"/> environment/safety	<input type="checkbox"/> other ____ (specify)

*NB: If disclosure of abuse – please also complete the Risk of Significant Harm and Reporting Concerns Forms

SECTION B – The Incident

DETAILS OF INCIDENT



ACTION TAKEN
OUTCOMES (if known)

SECTION C – Follow up/Analysis

Follow up comments:	The type of incident is:
	<input type="checkbox"/> first report <input type="checkbox"/> subsequent report
	Have appropriate steps been taken?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No (to either of the above), what needs to be done?	

Print Name: _____ Signed: _____

Reported to (Personnel informed)

Print Name: _____ Signed: _____

