

Safe Sanctuary Policy
First Presbyterian Church, Arlington Heights, Illinois

Incident Report Form

(Please print clearly)

Date of incident: _____ **Time of incident:** _____

Name of child/youth involved: _____
(A separate form should be completed for each child involved in order to keep the information confidential.)

Parent/Guardian Name: _____

Contact Information: _____

Location of incident: _____

Name(s) of person(s) who witnessed or has/have knowledge of the incident:

Name: _____ **Phone #:** _____

____ Staff/Supervisor ____ Volunteer ____ Participant ____ Other

Name: _____ **Phone #:** _____

____ Staff/Supervisor ____ Volunteer ____ Participant ____ Other

Details of incident and actions taken (continue on other side if needed):

Any additional relevant information (continue on other side if needed):

Print Name: _____ **Phone:** _____

Signature: _____ **Date:** _____

Please complete the form within 48 hours of the incident and return it to the staff person responsible for the program. (This form may be used to report any suspicion of abuse or neglect as well as an incident.)